



SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL

APPLICATION FORM FOR VERIFICATION OF DMC / DEGREE

Fee Rs.400/-

1. Name of the Applicant _____
2. Father's Name: _____
3. University Registration No. _____
4. Exam Attended _____ Year _____
Annual / Supply _____ Roll No _____
5. Name of the Institution (if recognized) _____
or District from which appeared as private candidate _____
6. Fee deposited (In Figures) _____ (In Words) Rs. _____
7. Date of remittance of fee together with the HBL receipt number _____

8. Full address on which the certificate should be sent _____

Signature of Applicant

ATTESTED

Concerned Principal (for Regular Candidates)
Any Gazetted Officer in BPS-17 or above (for Private Candidates)

FOR OFFICE USE ONLY

Request may be granted

Countersigned by

Verified by

Dealing Assistant

ACE / Superintendent

Controller of Examinations

ACKNOWLEDGEMENT SLIP

Name _____ Exam _____ Year _____ (A/S) Roll No _____ deposited Rs. _____/- as
Verification Fee vide HBL receipt no. _____ dated _____ the form has been entered in
relevant register vide diary number _____ dated ____/____/20__

Initial of Dealing Official _____