



SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL

APPLICATION FORM FOR DUPLICATE DETAILED MARKS CERTIFICATE (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
(for regular / late college candidates only)

Signature / Seal of Concerned Principal

FOR OFFICE USE ONLY

Request may be granted

Countersigned by

Issued by

Dealing Assistant

ACE / Superintendent

Controller of Examinations

ACKNOWLEDGEMENT SLIP

Name _____ Exam _____ Year _____ (A/S) Roll No _____ deposited Rs. _____/- as

Duplicate DMC Fee vide HBL receipt no. _____ dated _____ the form has been entered in relevant

register vide diary number _____ dated ____/____/20____

Initial of Dealing Official