SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL



Picture (for 1st semester fresh students only)

EXAMINATION ADMISSION FORM

FOR SEMESTER STUDENTS Exam Type (Tick) Fresh Re-Appeared Improvement Name of Campus/ Institution (Tick) SBBU Main Campus Sheringal Govt. Degree College Wari, Dir Upper SBBU Sub-Campus Wari Govt Commercial Trg Institute Wari, Dir Upper SBBU Sub-Campus Chitral Govt. Degree College Chitral, Chitral Govt. Degree College Dir, Dir Upper Govt. Girls Degree College Chitral, Chitral Department.__ Semester Name CNIC No. Father's Name Cell#___ E-Mail Address Last Roll No. Exam Year Spring Fall **EXAMINATION DATA:** Detail of Examination passed on the basis of which appearing in the examination applied for: Roll No Marks Obtained | Max Marks Name of Examination Year Board/ University

SUBJECTS IN WHICH TO APPEAR:

S.No	Subject Name	S.No.	Subject Name
1.		5.	
2.		6.	
3.		7.	
4.		8.	

SUBJECTS IN WHICH TO REAPPEAR (FOR REPEATERS ONLY WHEN ALLOWED)

S.No	Subject Name	Semester	S.No.	Subject Name	Semester
1.			5.		
2.			6.		
3.			7.		
4.			8.		

DECLARATION

I	Son/D of
Hereby solemnly declare that the information give	en in the fore mentioned spaces are correct. In case of
wrong information or concealments of facts, I shall	be responsible for the consequences. Further, I undertake
to abide by the rules and bylaws of the examinations	
	Dated in HBL, Branch
It is further declared	that I have taken the required number of classes.
Counter Signature of Head of the	 Signature of the Candidate
Department/ Institution Dated:	Date
INSTR	UCTIONS
	mination ured photographs (for 1 st semester fresh students only) erned Board/ University if not submitted yet.
2. The form must countersigned by head of the De	partment concerned. The office of the Controller of Examinations on or before the
FEE SCHEDULE:	
OFFICE	E USE ONLY
Eligible. In-eligible Any	Remarks
Roll No. Allotted	
Entered by:	(K.P.O)
Checked by:	(ACE/DCE)
Confirmed by:	(CE)