SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL

EXAMINATION ADMISSION FORM

FOR BS-04 YEARS, PHARM-D & LLB STUDENTS

Exam Type (Tick)  Fresh  Re-Appeared  Improvement

Name of Campus/ Institution (Tick)

SBBU Main Campus Sheringal  SBBU Booni Campus
SBBU Wari Campus  Govt. Degree College Wari
SBBU Chitral Campus

Department_________________________  Semester_________________________

Name__________________________

Father’s Name__________________________

CNIC No. ___________________________  E-Mail Address__________________________

Cell#__________________________

Last Roll No.__________________________  Exam__________________________  Year__________________________

EXAMINATION DATA:

Detail of Examination passed on the basis of which appearing in the examination applied for:

<table>
<thead>
<tr>
<th>Name of Examination</th>
<th>Roll No</th>
<th>Year</th>
<th>Marks Obtained</th>
<th>Max Marks</th>
<th>Board/ University</th>
</tr>
</thead>
</table>

SUBJECTS IN WHICH TO APPEAR:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Subject Name</th>
<th>S.No</th>
<th>Subject Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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<td>2.</td>
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<td>6.</td>
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<tr>
<td>3.</td>
<td></td>
<td>7.</td>
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<tr>
<td>4.</td>
<td></td>
<td>8.</td>
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</table>

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

<table>
<thead>
<tr>
<th>S.No</th>
<th>Subject Name</th>
<th>Semester</th>
<th>S.No</th>
<th>Subject Name</th>
<th>Semester</th>
</tr>
</thead>
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P.T.O
DECLARATION

I ______________________________________ Son/D of ___________________________

Hereby solemnly declare that the information given 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 of the Shaheed Benazir Bhutto University.

I deposited Rs ...................... vide Receipt No: .................. Dated .................. in HBL, Branch _______________. It is further declared that I have taken the required number of classes.

__________________________
Counter Signature of Head of the Department/Institution

__________________________
Signature of the Candidate

Dated: .........................

INSTRUCTIONS

1. The following documents must be attached with this form.
   a. An attested copy of DMC of the last Examination
   b. Three Attested Passport size recent coloured photographs (for 1st semester fresh students only)
   c. Original Migration Certificate from concerned Board/University if not submitted yet.
   d. Bank receipt of Rs. __________________ as Examination fee.

2. The form must countersigned by head of the Department concerned.

3. The form complete in all respect should reach the office of the Controller of Examinations on or before the last dates of receipt of the form to be announced by the Controller of Examinations.

FEE SCHEDULE:

<table>
<thead>
<tr>
<th>Fee Type</th>
<th>BS/Pharm-D</th>
<th>One Paper</th>
<th>Two Papers</th>
<th>Three Papers</th>
<th>Four Papers (Where Applicable)</th>
<th>Five Papers or above (Where Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Fee</td>
<td>1100/-</td>
<td>300</td>
<td>500</td>
<td>700</td>
<td>900</td>
<td>1100</td>
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<td>After 10 days</td>
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<td>After 20 days</td>
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PRACTICAL FEE. RS. 150 PER PRACTICAL

Eligible. [ ] In-eligible [ ] Any Remarks.

Roll No. Allotted

Entered by: ______________________________ (K.P.O)

Checked by: ____________________________ (ACE)

Confirmed by: ____________________________ (CE)

Office Use Only

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