



Phone No. 048-9230811-15
Ext: 515, 519

UNIVERSITY OF SARGODHA

EXAMINATION DEPARTMENT (VERIFICATION SECTION)

For office use only No.CE/ACE(D)/_____
Dated _____

APPLICATION FORM FOR VERIFICATION OF RESULT CARD / TRANSCRIPT / DEGREE

Examination Information	1. Degree Programme _____ 2. Roll No. _____ 3. Session _____
	4. Registration No. _____ 5. Marks Obtained _____ 6. Division _____
Personal Information	7. Candidate Name _____
	8. Father's Name _____
	9. CNIC No. _____
	10. Address _____
	11. Permanent District _____ Contact No. _____
Fee Information	12. Amount of Fee _____ 13. Challan No. _____ 14. Dated _____
	Habib Bank Branch _____ copy of the challan is attached.

Affix Attested Photograph

I hereby declare that all the particulars mentioned above are correct and that in case of any difficulty arising out of inaccuracy therein. I shall be responsible for the consequences. I have attached all required documents.

Signature of Candidate

Signature and Office Stamp
HEAD OF INSTITUTION

Attesting Officer

Name _____

C.N.I.C.#

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APPLICATION REQUIREMENTS:-

- This Verification Form (Attested)
- Photograph (Attested)
- Fee Rs. 1500/- (Original Challan Form)
- Photocopy of Result Card (Without Attested)
- Photocopy of I.D. Card (Attested)

FOR OFFICE USE ONLY

Admin Officer

Assistant/Deputy Controller

Add. Controller

Controller of Examinations