

UNIVERSITY OF MALAKAND



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EXAMINATION ADMISSION FORM (Regular Students Only)

BS in _____, **Semester**
ADE **Semester**
LLB **Part**

Department/College Name

(Tick (✓) the relevant and cross (x) the others) ANNUAL SUPPLY EXAMINATION (YEAR) _____

Use Separate Form for each Semester/Part

PERSONAL DATA (To be filled in block letters see illustration on reverse at the end of the form)

Name:

CNIC No:

Father's Name:

CNIC No:

Registration No _____

Domicile District: _____ Male Female

Date of Birth DD _____ MM _____ YY _____

Permanent Address _____

Phone No/ Mobile No. _____

EXAMINATION DATA

CANDIDATE TYPE: Fresh Reappeared Failed (Tick (✓) the relevant and cross (x) the others)

Roll No. & Year of the Last Semester/Part Examination if (For 2nd Semester/Part and onwards)

Roll No _____ Year _____ Annual /Supply _____. (Attach Attested copy of DMC)

Subject (s) in which to be examined.

| S.No | Subject | S.No | Subject |
|------|---------|------|---------|
| 1 | | 7 | |
| 2 | | 8 | |
| 3 | | 9 | |
| 4 | | 10 | |
| 5 | | 11 | |
| 6 | | 12 | |

