

UNIVERSITY OF MALAKAND

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EXAMINATION ADMISSION FORM ***FOR MASTER OF ARTS/SCIENCE (Final)***

Examination (Year) _____ Discipline/ Subject: _____

(Tick (✓) the relevant and cross (x) the others) Regular Private

College/Institute (Regular/Late college students only)

Proposed Examination Centre (Private Candidates only)

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: - -

Deposit Slip

Registration No _____

Domicile District: _____ Male Female

Date of Birth DD _____ MM _____ YY _____

Permanent Address _____

Phone No/ Mobile No. _____

Bank Ltd.

Slip No _____ Dated _____

Deposited Rs. (In figure) _____

(In words) _____

Candidate Signature _____ Signature of Bank Officer/
Official with Stamp

EXAMINATION DATA

CANDIDATE TYPE: Fresh Reappeared Failed Improvement Failed in Aggregate

(tick (✓) the relevant and cross (x) the others)

Roll No. & Year of the Last Previous Examination if Appearing as Fresh Student in M.A/M.Sc Final

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

Roll No. & Year of the Last Final Examination if Appearing as Compartment Student in M.A/M.Sc Final

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

Subject (s) in which to be examined and mention group where applicable Group: _____

Subject (s) in which to be examined.

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

