

UNIVERSITY OF MALAKAND

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

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)

Detail of Examination passed on the basis of which, want to appear in Previous Examination.

Name of Examination	Roll No	Year	Marks obtained	Max: Marks	Group (Science/Arts)	Board/University
SSC						
F.A/F.Sc/Equivalent						
B.A/B.Sc/Equivalent						

Roll No. & Year of the Last Previous Examination if (Previous Compartment)

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

Subject (s) in which to be examined.

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

