

CONTROLLER OF EXAMINATIONS

University of Malakand

(Please tick ✓ one of the following)


Proforma for **B.A/BSc** Annual/Supply **B.S** (Spring/Fall) Semester **M.A/MSc** Annual/Supply Examination for the year _____



Name of College/Institution: _____

S. No	Name	Designation	Permanent Address	1. Residence PTCL no 2. Mobile no.	Length of Service	Recommended as: (Supdt./Dy.Supdt./ Asstt: Supdt.)	Signature
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Signature and Seal:
Principal/Head of Institution.


Controller of Examinations
University of Malakand