

FREE OF COST

S.No. _____

Roll No. _____

Please attach
One attested
copy of
Passport Size
Photograph

GOMAL UNIVERSITY, D.I.KHAN ADMISSION FORM FOR TERM EXAMINATION 20__

M.A/M.Sc TERM SYSTEM M.Ed, B.Ed./DPed/B.P.Ed/D Pharm& B.Sc(Horns)Agri

The Examination will be held on the dates as given in the date-sheet Last date for the form and fee reach the University office is:-

With out Late Fee
One month before the Commencement
of the Examination.

- (i) With double Fee after 7 seven days of due date.
- (ii) With Tripple Fee after 15 fifteen days of due date.
- (ii) with fours time fee Upto 15 days before the commencement of the Examination.

NOTE: No form or fee will be accepted if the period of the submission of form and fee and the date of the commencement of Exam is less than 14 days.

EXAMINATION ADMISSION FEE ACCORDING TO THE PROSPECTUS

To

The Controller of Examinations,
Gomal University, D.I.Khan

Sir,

I request permission to present myself at the Next _____ Term M.A/M.Sc./B.Ed,D.P.Ed/B.P.Ed.

M.Ed,D pharm,B.Sc (Hons) Agri, Examination of the Gomal University to be held in the month of _____ 20__

and declared that all the Particulars given below are correct and that in case of any difficulty arising out of my inaccuracy there in I shall be Responsible for the consequences. i.e. Cancellation of my candidature etc.

I. PARTICULARS OF THE CANDIDATE

1. Name _____ 2. Religion _____
3. Father's Name(in BLOCK LETTERS) _____
4. Permanent Home address of parents(give House No Mohallah, Village City P.O. Tehsil District/Agency) _____
5. Registration No. (Gomal University) _____
6. Passed B.A/B.Sc _____ Term Examination in 20__ (A/S) under Roll No. _____
From the _____ (Name of University) _____
7. Name of University Deptt College in which presently studying _____
8. Session of first entering University Deptt: / College _____

II. PARTICULARS OF THE EXAMINATION

9. Centre of Examination _____ University Teaching Deptt: Concerned College/ Institutes
 10. Both Candidates(male/female) must provide three attested photographs
 11. Term for which appearing(Please Check mark (✓)
The Term in which (✓) are appearing and cross out (X) the others
- | | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|
12. Mobile Phone and other electronic device are not allowed in the examination center
 13. Subject / papers in which to be examined
- | | |
|---|---|
| <p>FIRST ATTEMPT (For those appearing to the first time in the term examination)</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ | <p>SUBSEQUENT ATTEMPT (For those reappearing in Some failed papers)</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ |
|---|---|

X. State here Roll No. _____
Year _____ and marks _____
of previous attempt

I am etc

D/Asstt

D.C.F

C F.

Signature of Candidate

Present full Address _____

CERTIFICATE

1. I Certify that the Candidate has fulfilled the condition laid down under the regulation in force: that he / she is of good moral character that he / she signed this application in his / her own hand and that his/her statement overleaf is correct.
2. I certify that he/candidate has completed the prescribed course of Lecturer Practical as required under the rules for the TERM EXAMINATION of the Gomal University.
3. I certify that he/she has performed the work of the class satisfactorily and has taken and passed all tests etc, as required under the rules.
4. I certify that the candidate is eligible for the examination and that he/she has satisfied me that he/she has passed the B.A/B.Sc. Examination.
5. I certify that he/she has remitted Rs. _____ As Examination admission Fee vide University Bank Receipt / Challan/ national Bank draft No. _____ Dated _____ (Receipt / Challan Attached)
6. Remarks, if any:

CHAIRMAN / PRINCIPAL

Department _____

Gomal University / Colleges/ Institute

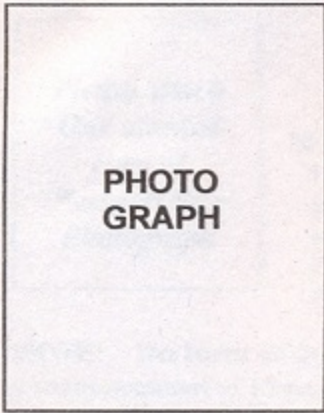


PHOTO
GRAPH

Roll No.

GOMAL UNIVERSITY
DERA ISMAIL KHAN

Dera Ismail Khan the _____ 20____

- NOTE :
1. Bring your own ink (Blue, Black) to the Examination Hall
 2. The Candidate will be admitted to the Examination Hall on the production and Delivery of this Roll Number Slip

TO BE FILLED BY THE CANDIDATE

Admit (Name of Candidate) _____

Son / Daughter of _____

of the _____ Department, Gomal University / Colleges/ Institute D.I.Khan etc.

To _____ Term Examination to be held on the

Date. As given in the date sheet at the Department concerned of Gomal University Dera Ismail Khan

GU Affiliated Constituent College etc

Signature of the Candidate

Controller of Examinations,
Gomal University
Dera Ismail Khan