**TO BE FILLED BY THE CANDIDATE**

**Old Roll # (if any):** ___________

**Term:**  
Annual / Supplementary

**Year:** __________  

**For Office Use Only**  
Roll No

**Building**

---

**CENTRE AT WHICH TO BE EXAMINED** (City Only)  

---

**REGISTRATION # (IUB)**

---

**CANDIDATE’S NAME**

(CAPITAL LETTERS)

---

**FATHER’S NAME**

(CAPITAL LETTERS)

---

**COLLEGE/DISTRICT NAME**

---

**CNIC #.**

---

**MAILING / POSTAL ADDRESS**

---

**PHONE #**

---

**MOBILE #**

---

**SUBJECT TO WHICH EXAMINED**

<table>
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<tr>
<th>Subject Part-II</th>
<th>Subject Failed in Part-I</th>
<th>Subject Repeating Part-I</th>
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**FEE**

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<th>FEE PAID IN RS.</th>
<th>DATED</th>
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I declare that all above particulars are correct and that in case of any difficulty arising out of any inaccuracy therein I shall be responsible for consequences.

**Dated:______________**  

**Signature of Candidate:______________**