



The Islamia University of Bahawalpur (Flag-A)

Examinations Department

MCS REPEATER FORM

Session _____

Current Semester _____

Repeating Session _____

Exam Roll #:		Note: The examination will begin on the dates as given in the date sheet. Last date for submission of admission form and fee will be notified before commencement of the examination. Every candidate while taking the examination must keep Roll No. Slip (issued by IUB) and CNIC with him / her in the Examination Hall.	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> PASSPORT SIZE PHOTOGRAPH HERE (Paste with Gum) </div>
Class Roll #:			
Program	MCS		

COLLEGE	
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REGISTRATION # (IUB)	
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(CAPITAL LETTERS)

CANDIDATE'S NAME	
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(CAPITAL LETTERS)

FATHER'S NAME	
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CNIC		-		-		GENDER	MALE	FEMALE
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DATE OF BIRTH		-		-		AGE (at the Time of Last date of Admission)		-		-	
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MAILING / POSTAL ADDRESS	
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PHONE #		MOBILE		-	
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EMAIL	
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REPEATING SUBJECT WITH SEMESTER

Sr.#	Subject (s)	Sr.#	Subject(s)
1		3	
2		4	

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: _____

Declaration by Principal:

It is Certified that the candidate:

1. Is of good character
2. Has satisfactorily performed the work of the class.
3. Has attended not less than 80% of the full course of lectures during this term.
4. Has filled and signed the application in my presence and particulars filled by him/her are found correct
5. In case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences.

Fee Amount: _____

HBL Challan No: _____

Dated: _____

Signature of Principal

Stamp of Principal