

DECLARATION

I solemnly declare that:

The entries made in this form are correct. In case of any misstatement I may be held responsible

Date _____

Signature of the Applicant

(Name of the Applicant)

End

- 1 Attested copy of applicant's CNIC
- 2 Attested copy of Father's / Guardian's CNIC
- 3 Attested copy of Matriculation Result Card / Certificate
- 4 Attested copy of Intermediate Result Card/ Certificate
- 5 Attested copy of B.A. / B.Sc Result Card / Certificate (if applicable)
- 6 Original Migration Certificate / NOC (from previous institution attended)

I certify that applicant has fulfilled all the condition laid down under the statutes / regulations enforced for the year of examination that he / she eligible to appear in the examination, that he / she is of good moral character, he / she signed this Examination form and the statement given on above page on candidate is correct.

Date _____

Attestation with Stamp (by name)

Name _____

CNIC #: _____

(To be filled in by the University Office)

I have examined all the particulars and satisfied myself that the applicant is eligible:

For the Registration under the rules of the University.

Orders may please be passed to registered the applicant finally for the B.A. / B.Sc. (Pass Course),

MA / M.Sc External Examination.

(Incharge Registration)

The applicant may please be registered as an external student of this University.

(Deputy Controller of Examinations)

Registration is allowed

Space for pastubf of Bank Challan Form

TO BE FILLED IN BY THE CANDIDATE

REGISTERED / U.P.C/EXPRESS / COIRIER

SR No.

Name

Father's Name:

Residential Address:

.....

.....

.....

REGISTERED / U.P.C/EXPRESS / COIRIER

SR No.

Name

Father's Name:

Residential Address:

.....

.....

.....

REGISTERED / U.P.C/EXPRESS / COIRIER

SR No.

Name

Father's Name:

Residential Address:

.....

.....

.....

REGISTERED / U.P.C/EXPRESS / COIRIER

SR No.

Name

Father's Name:

Residential Address:

.....

.....

.....

From No.

RECEIVED THE REGISTRATION FORM

Examination Name:

Examination Year:

Subject:

(Only for M.A / M.Sc)

(Signature of the From receiving person)
dated:



GC University, Faisalabad

Allama Iqbal Road, 38000-Faisalabad www.gcu.edu.pk
Ph: & Fax:+92 41 9201266 Exch. 9200066-70 Ext 127

Suffix
Postage
stamp here

1. **Name :**
 2. **Father's Name:**
 3. **Residential Address:**
-
-

Challan No: _____ Date: _____
Name: _____
Father's Name: _____
Address: _____
Tehsail: _____ District: _____

| Description | Amount |
|---|--------|
| Registration Fee for External Candidate | |
| B.A/B.Sc. & MA / M.Sc.. | |
| (Please tick the relevant option) | |
| Other Charges | |
| Total | |

Rs. in words _____
Officer: _____
Cashier: _____

Challan No: _____ Date: _____
Name: _____
Father's Name: _____
Address: _____
Tehsail: _____ District: _____

| Description | Amount |
|---|--------|
| Registration Fee for External Candidate | |
| B.A/B.Sc. & MA / M.Sc.. | |
| (Please tick the relevant option) | |
| Other Charges | |
| Total | |

Rs. in words _____
Officer: _____
Cashier: _____

Challan No: _____ Date: _____
Name: _____
Father's Name: _____
Address: _____
Tehsail: _____ District: _____

| Description | Amount |
|---|--------|
| Registration Fee for External Candidate | |
| B.A/B.Sc. & MA / M.Sc.. | |
| (Please tick the relevant option) | |
| Other Charges | |
| Total | |

Rs. in words _____
Officer: _____
Cashier: _____

Challan No: _____ Date: _____
Name: _____
Father's Name: _____
Address: _____
Tehsail: _____ District: _____

| Description | Amount |
|---|--------|
| Registration Fee for External Candidate | |
| B.A B.Sc. & MA M.Sc.. | |
| (Please tick the relevant option) | |
| Other Charges | |
| Total | |

Rs. in words _____
Officer: _____
Cashier: _____