

OFFICE OF THE CONTROLLER EXAMINATIONS

Khyber Pakhtunkhwa, Pakistan

(EXAMINATION REQUEST PROFORMA for MIGRATION AND CANCELLATION OF REGISTRATION)

Email:examinations@uoswabi.edu.pk

Date:

							Pr	iority:		
Applic	cant's Particulars:	(Particulars are mandate	ory. All bla	nks must be	filled careful	ly)	Normal	Urgent]
Name):	Address:								
Fathe	r's Name:					Mohalla				
Progr	am / Discipline:					Village				
	Semester / Prof:					Post Office				
Roll N	lo:					District				
-	stration No:					Tehsil				
	ution / Department:		CNIC No	-		-				
Sessi	-					Contact No	-			
		J	Ар	plied for			<u> </u>			_
0,11		Amou					For Office Use			
S#	Description				Normal	Urgent	Dealir	g Assistant		
1	Cancellation of Regis	tration			Rs. 600/-					
	Migration:				Rs.1800/-	Rs.2000/-	•			
	Migration From:					l .				
2										
	Migration To: (Full name of the institute / University / DAI)									
	(San Asian San Montago / San									
Documents to be attached: (Please tick the checklist)										_
1. Car	ncellation of Registration		- 7		_					
a. Application form										
b. CNIC of the applicant c. Cancellation letter from concerned affiliated college / department.										
	gration:		-9-/							
	CNIC of applicant				H					
	Application form	aram or apply for deare	e (slin)							
c. Degree photocopy of program or apply for degree (slip) d. Transcript / DMC of program										
e. Matric / Intermediate DMCs and Certificates										
	ink slip of fee along with					47	(") O - II 1		а.	
	actions: Attest all documerned Principal / Director						(II) College Stu	idents from	tne	
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			For Of	fice Use O	<u>nly</u>					
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		STUD	ENT / CA	ANDIDAT	E'S COPY		1	1	, ,	
Name	:		Discipline				Priority:	Normal Urgent	$\mid \mid \mid$	
F/Name			Roll No				Session:		-	
'. =			Date of Submission:				1			
Expected Date of Com										_
For any query, kindly contact: 0938-330133 / 0938-330533				Dealing Assistant: Sign & Stamp						_