



SHAHEED BENAZIR BHUTTO WOMEN UNIVERSITY PESHAWAR

APPLICATION FORM FOR VERIFICATION OF DMC / DEGREE

1. Name of the Applicant _____
2. Father's Name: _____
3. University Registration No. _____
4. Exam attended _____ (A/S) _____ Roll _____
5. Name of the Institution last attended _____
or District from which appeared as private candidate _____
6. Fee deposited (In figures) _____ (In words) _____
7. Vide Bank receipt No. _____ Dated: _____
8. Phone No. _____ Mobile No: _____

Signature of the Applicant

For OFFICE USE ONLY

Checked by

Countersigned by

Verified by

Dealing Assistant

ACE/Superintendent

Controller of Examinations

ACKNOWLEDGEMENT SLIP

Name _____ Exam _____ Year _____ (A/S) Roll No. _____
Deposited Rs. _____/- as Verification Fee vide UBL receipt No. _____ dated: _____
the form has been entered in relevant register vide diary number _____ dated: _____/_____/20____

Initials of Dealing Official _____

FEE SCHEDULE

Category	Issue Period	Fee
DMC/ Transcript	5 days	500
	3 days	800
	Next day	1000
Degree	5 days	800
	3 days	1000
	Next day	1300