



# UNIVERSITY OF BALOCHISTAN, QUETTA

APPLICATION FORM FOR OBTAINING THE OFFICIAL PERMISSION  
TO TAKE ADMISSION OR TO APPEAR IN EXAMINATION  
(FOR EMPLOYEE / OFFICER / FACULTY MEMBER)

Name of Applicant	Designation and Department / Directorate / Section	Present Qualification	Examination Passed during UoB Service
Discipline in which admission is to be taken	Examination in which to be appeared is	Is it your 1 <sup>st</sup> / 2 <sup>nd</sup> or 3 <sup>rd</sup> Attempt	Recommendation / remarks by Head of Department / Directorate / Section

Applicant Signature: \_\_\_\_\_

# UNDERTAKING

I \_\_\_\_\_ Designation \_\_\_\_\_ do here by undertake to abide by following conditions regarding the permission by the grant of permission by the University for taking admission in \_\_\_\_\_ or appearing in examination of \_\_\_\_\_ for which I have requested in this application.

I fully understand and accept that incase of non-fulfilment or default of any of the following condition, I shall be liable to the disciplinary action under the University of Balochistan rules.

# CONDITIONS

1. It will not affect in any way the performance of my efficient function and duties by me. I or the argument of the authority. It was considered that any studies / examination re-adversely affecting the performing of the official duties. The permission granted to me will be cancelled at any time without any notice and I will have no claim for refund of fee etc. paid by me in this connection.
2. The permission granted to me will not confer any right upon me to continue my studies / examination to then completion. The permission canceled at any time in the interest of University of Balochistan.
3. The present permission will not stand in way of my transfer from my present department / directorate / section to any other department / directorate / section if deemed necessary in the interest of University of Balochistan at any time such transfer may result in discontinuation of my studies / examination without refund of fees paid by me in this connection.
4. This permission will be conferred on me any special right for grant of leave and I will remain subject to the leave understand the University of Balochistan, Quetta.

**Name:** \_\_\_\_\_ **Designation:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Department / Directorate / Section:** \_\_\_\_\_