



UNIVERSITY OF BALOCHISTAN, QUETTA
EXAMINATION BRACH (SEMESTER CELL)

APPLICATION FORM FOR PROVISIONAL CERTIFICATE AND DEGREE
(M.PHIL. / M.S AND PH.D. DEGREE)

Office Ph: +92-81-9211108

E-Mail Address: semester.examination@uob.edu.pk

Name (IN BLOCK LETTERS): _____

Father's Name: _____

Address (Permanent): _____

E-Mail Address: _____

Phone No: _____

University Registration No: _____

Date of Registration: _____

Program of Study: _____

Department / Center / Institute: _____

Topic of Research: _____

Research Supervisor: _____

Researcher Signature

CLEARANCE CERTIFICATE

This is to certify that nothing is outstanding against Mr./Miss _____
 S.D/o _____ student of _____
 Department _____

	Signature	Stamp
1. Head of Department / Center / Institute →		
2. Departmental Librarian →		
3. Research Supervisor →		
4. Chief Librarian →		
5. Account Officer →		
6. Deputy Registrar (Planning) →		
7. Assistant Registrar (Planning) →		