



UNIVERSITY OF BALOCHISTAN, QUETTA
SEMESTER CELL
(COMPREHENSIVE EXAMINATION FORM)

Attach One
Photograph

Study of Program: _____ Session: _____

Department: _____ Morning Evening

Name: _____

Father's Name: _____

Enrollment No. _____ University Registration No. _____

Date. _____ HBL-UoB Branch Challan No. _____ Amount Deposited. _____

Postal Address: _____

Contact No. (Land Line) _____ Cell Phone No: _____

Examination Venue: _____ Date: ____-____-____ Timing: _____

Attached following documents with form:

- One attested copy of C.N.I.C.
- Two recent passport size photos.
- Original Bank Challan (duly signed & stamped by HBL-UoB Branch)

Candidate Signature

VERIFICATION FORM CONCERNED DEPARTMENT

It is to certify that Mr/Ms/Mrs. _____

Father's Name. _____ Roll No. _____

has successfully passed all the courses of _____

Session _____ and declared eligible to appear in comprehensive examinations.

Attach One
Photograph

Chairperson/Director

Department Stamp