EXAMINATION FORM FOR REGULAR CANDIDATES OF MASTER OF ARTS/SCIENCE APPEARING IN PREVIOUS ANNUAL/SUPPLEMENTARY EXAMINATION 20______. 

The Examination will be held on the date to be notified in the date-sheet. Ever candidate, while taking the examination must keep with him/her in the Examination hall his/her Identification Card.

THE INSTRUCTIONS ON LAST PAGE SHOULD BE CAREFULLY READ & COMPILLED WITH

| Group: | Arts [ ] Science [ ] |

THE CONTROLLER OF EXAMINATIONS, University of Balochistan, Quetta.

I requested the permission to present myself at the next Master of Arts / Science Examination of the University of Balochistan and declare that all the particulars given below are correct, and that in case of any difficulty arising out of inaccuracies therefrom I shall be responsible for the consequences. I have filled in the form in my own handwriting.

1. Name (in block letters) English: ____________ Urdu: ____________
2. Father’s Name (in block letters) English: ____________ Urdu: ____________
3. C.N.I.C. No. Male: ____________ Female: ____________
4. Registration Number: ____________
5. Religion: ____________ Caste: ____________
6. Present address: H.No. ____________ City: ____________ District: ____________ Mobile No: ____________
7. Permanent address (in full): H. No. ____________ City: ____________ District: ____________ Province: ____________
8. Amount of fee paid: ____________ Challan No. ____________ Dated ____________
9. Passed S.Sc. Exam from ____________ Board Roll No. ____________ Year ____________
10. Passed F.A./F.Sc. Exam from ____________ Board Roll No. ____________ Year ____________
11. Passed B.A./B.Sc. Exam from ____________ University Roll No. ____________ Year ____________
12. Appearing in Previous Year Examination in the following Papers: 
   i. ____________ ii. ____________
   iii. ____________ iv. ____________
   v. ____________ vi. ____________
   vii. ____________ viii. ____________
13. I solemnly declare that: 
   (i) I have read all the instructions. 
   (ii) I am not a student of double course. 
   (iii) That I have filled in the Examination form in my own hand writing.

Dated: ____________ (Signature of the Candidate)

Note: The Examination form will be liable to be cancelled if correct Registration Number is not mentioned or if incomplete or incorrect entry is made in the form.
I certified that the student:

1. is of Good character.
2. has attended not less than 75% full course of lectures in each of the subject for the examination.
3. has satisfactorily performed the work of the class.
4. has attended not less than two-third of the period assigned to practical work in computer science subject opted by him/her for the examination.
5. has filled in & signed the application over leaf in my presence & particulars filled in by him/her on the reverse are correct.

Remarks if any…
(This indicate the eligibility and lectures of the candidates having been completed)

_____________________________________________________________________________________

_____________________________________________________________________________________

________________________
Office stamp
Chairman / Head
of Department
(TO BE FILLED IN BY THE CANDIDATE)

Note: i) The Candidate will be admitted to the Examination Hall on production & delivery of this Roll No. Slip.
ii) The Candidate, must keep his / her Original National Identity Card with him / her in the Examination Hall while taking the Examination.

UNIVERSITY OF BALOCHISTAN, QUETTA.

Admit ___________________________ Son / Daughter of ____________________________ of the _________________________________ Department of ___________________________ to the Master of Arts/Science Previous Examination (Year ________) in the subject of ______________________ to be held on the dates as given in the date-sheet at the ______________________ Centre.

Subject in which to be examined.

1. _______________ 2. _______________ 3. _______________ 4. _______________
5. _______________ 6. _______________ 7. _______________ 8. _______________

Signature of Candidate ____________________________

Deputy Controller of Examination
University of Balochistan

UNIVERSITY OF BALOCHISTAN, QUETTA.

FEE RECEIPT FORM FOR PREVIOUS

Name of the Candidate: ____________________________ Roll No. ____________________________

Father’s Name: ____________________________

DETAILS OF FEE DEPOSITED

Amount of Fee Paid Rs. ______________ through Habib Bank Ltd., University Brach Challan No. ______________

Date: ____________________________

Space for pasting challan receipt (Copy No. 2)
IMPORTANT INSTRUCTIONS

1. The order in which the candidates are seated will be forwarded to the Examiner; should a candidate be discovered to have copied from another, he/she will be expelled from the Examination as well as the candidate from whom he/she copied. If there is reason to suppose that the copying was conveyed to the later.

2. No Candidate, without special permission of the officer-in-charge shall leave his/her seat or the examination room till the end of the Examination. No candidate shall speak without permission, if it be necessary for the candidate to communicate with superintendent he/she shall stand up in his/her place and the officer, in-charge will see to his/her request.

3. Before beginning his/her answers, each candidate shall write on the title page of his/her answer-book the following viz, the subject, the number of the paper and his/her Roll No. when the time allowed has expired the answer-book must be delivered to the Superintendent, even though the candidate may not have answered any parts of the paper.

4. No candidate shall give any mark of identification such as Name, name of College or School / Centre of Examination in his/her answer-book except at specified places.

5. All candidates including females must *keep with them the National Identity Card* in the Examination Hall and to be shown when desired by the Centre Superintendent of University authorities.

6. Cell Phones would NOT be allowed in examination Hall.

I have read the above instructions carefully and shall obeyed by them.

________________________
Signature of the Candidate