UNIVERSITY OF POONCH RAWALAKOT



OFFICE OF THE CONTROLLER OF EXAMINATIONS DEGREE SECTION

Admin Block, Old Campus, Shams Abad, Rawalakot, AJK.

Contact # 05824-960207 Fax #: +92-5824-960071

Website: www.upr.edu.pk E-mail Address: controller@upr.edu.pk

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Name: (Block Letters)	N.cer															
Father's Name: (Block Letters	;)															
CNIC No:					-								-			
Nature of Degree / Certificate											Ses	ssion	_ 			
Registration No.	Roll No															
Examination:	Sess	ion: _				Ar	ınual	/ Sur	pply:				_ Ter	m: _		
Marks / C.G.P.A. / O.P.M. Obtd:		Out of Division / Grade									%a	ge _				
Fee Deposited through Bank Draft /		·										,	(In Figures)			
		Amount of Fee Deposited: Date:														
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Post office / Post Code /																
Village / Town / Sector / City:																
I hereby declare that all the given p	particula	ars are	e corr	rect:												
Signature of the Candidate:							(English)				_		(U	Irdu))	_
Certify that we have no object	ction re	gard	ding i	issua	ance	of th	is ca	andid	ates	De ₍	gree					_
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Name: (Block Letters)									_	_				_		
Father Name: (Block Letters)																
Address:																
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Instructions:

- 1. Fill this form correctly in light of your academic record.
- 2. Attest this form from your Department / Institute / College.
- 3. Attach photocopy of your Result Intimation / DMC.
- 4. Attach photocopy of your CNIC
 5. Degree Fee Rs. 4300/- on HBL Bank Challan / Draft

Important Note: Actual time required for preparation of degree is minimum 30 working days after applying date through proper channel.