

E-43 (i)

APPLICATION FORM FOR THE ISSUANCE OF INCOMPLETE DMC

All the particulars required below should be legible and accurately filled by the candidate in his own handwriting. Form complete in all respects would only be accepted. The incomplete form would be returned to the candidate which must be resubmitted to this office immediately after completion.

**THIS OFFICE WILL NOT BE RESPONSIBLE FOR ANY DELAY IN A CASE
WHERE THE FORM IS NOT COMPLETE IN ALL RESPECTS
(READ CAREFULLY INSTRUCTIONS OVERLEAF)**

1. Name of applicant in block letters _____
2. Father's Name _____
3. Present Address _____
4. Permanent Address _____
5. CNIC No. _____
6. E-mail _____ Phone/Cell/Whatsapp # _____
7. Nature of document required _____
8. Regd. No. _____ 9. Bank Challan No. _____ Dated _____

10. Record of Examinations Passed

(For Undergraduate Students)

Degree _____ Faculty _____ Major/Section _____

Year of passing _____ Marks obtained _____ CGPA _____

(For Postgraduate Students)

Degree _____ Faculty _____ Major/Section _____

Year of passing _____ Marks obtained _____ CGPA _____

I solemnly declare that the facts mentioned in the application are correct

Signature of the Applicant

**IF THE CERTIFICATE IS TO BE DESPATCHED,
ADDRESS MUST BE GIVEN HERE**

Signature of the Applicant

INSTRUCTIONS

1. Application for certificate should be accompanied by the following documents:-
 - i- Certificate signed by Dean of the Faculty/Director of Institute/Principal College concerned.
 - ii- Attested copy of CNIC.

CERTIFICATE

[To be signed by the Dean of Faculty/Director of Institute/Principal, College concerned]

I, _____ hereby certify on the basis of my personal knowledge and on the evidence produced before me that Mr./Miss/Mrs. _____ Son/Daughter of _____ is the same person whose particulars given in this application form is the same person who passed the _____ Major _____ Examinations in _____ (year) from University of Agriculture, Faisalabad/College concerned. His/her particulars filled in by the application are correct and his/her signature is attested.

Signature _____
and office **Tutor/Supervisor** **Chairman** **Dean/Director/Principal**
Stamp

Dated _____

1. Clearance by the Fee Section _____

Rate of fee as approved by the Syndicate vide Notification No. B-1/110/2165/B&F dated 9-11-2018

| | | |
|----|--|-------|
| i- | Detailed Marks Certificate/Transcripts for two semesters | 500/- |
|----|--|-------|

Note:-

Original CNIC/Passport/Driving License must be shown at the time of receiving DMC in Person