



UNIVERSITY OF SARGODHA
OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR DUPLICATE RESULT CARD (Annual System)

Examination Information	1. Degree Programme _____ 2. Roll No. _____ 3. Session _____ 4. Registration No. _____ 5. Marks Obtained _____ 6. Division _____
Personal Information	7. Candidate Name _____ 8. Father's Name _____ 9. CNIC No. _____ 10. Address _____ 11. Permanent District _____ Contact No. _____
Fee Information	12. Amount of Fee _____ 13. Challan No. _____ 14. Dated _____ Habib Bank Branch _____ copy of the challan is attached.

I hereby declare that all the particulars mentioned above are correct and that in case of any difficulty arising out of inaccuracy therein. I shall be responsible for the consequences. I have attached all required documents.

Signature of Candidate

Signature and Office Stamp

Attesting Officer

Name _____

IMPORTANT INSTRUCTION:-

Requirements:-

- Regular students must get this form attested from The Principal/ The Head of the Department.
- Private students must get this form attested from The Gazetted Officer.
- Fee Rs1300/- (Original Bank Challan)
- Photocopy of Result Card (Photocopy or Downloaded - download from university website: uos.edu.pk)
- Photocopy of I.D. Card (Attested)

FOR OFFICE USE ONLY

Dealing Person

Assistant

A.O

Assistant Controller

Computer Programmer