

THE UNIVERSITY OF LARKANO

Airport Road Larkano, Sindh Pakistan **EXAMINATION APPLICATION FORM**

Regular/Summe	r/Crash/Supplementary Examinations of	f	_Semester	Year		
Personal Detail	s					
Name: _	Departn	nent & F	aculty:			
Father's Name:_		Bat	ch :			
Surname: _		ID S	eat No:			
Cell Number:	mber: Enrolment No:					
Exam Fee Rs	Challan No & Date:					
	r in the following Subjects:					
01		06				,
02		07				
03		08				,
04		09				
05		10				
I with this decla	re that if I am permitted to appear in	the Exa	mination, I won't	tobject	and will abi	de by the
than UOL). The idetected in the f	that this form is as per the provision of rules and regulation framed thereafter, a form at any stage before, during, or after ll abide by the decision of the university.	and in the the	e case of any err	or, omis	sion, or irre	gularity is
Date:	Name:		Signature of	Applica	ınt	
Department (F	r. / Miss. F.O.A/F.O.E/F.O.SS&H) has complete nentary/Summer /Crash/ Examination of	d all	the formalitie	s for	appearing Year.	in the
	THE UNIVERSIT	_)		
_	<u>ADMIT</u>	CARD	•			
Personal Detail	_	=	1.			
Name: _	Departn					
Cell Number: _		Enr	olment NO:			
	Challan No & Date:			-		
	r I the following Subjects:				L	
01		06				
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Signature of Candidate

Signature of Chairman/ Dean

Controller of Examination