

UNIVERSITY OF POONCH RAWALAKOT

ADMISSION FORM FOR ANNUAL SYSTEM

	Admission Form N		To be held in Annual/ Supplementary		Roll No: (to be written by the University Office)		
	ВА		Professiona	I			
1. 2.	BA Composite BSc. Composite		B.Com				
Category (Tick One Please	Regular	Private	Late College Student:	Division Improvement		dditional ubjects	
Name o	of Candidate:						
(In Block L	_etters)				Paste Pho		
CNIC N	lo:				(Passpo The Phot	tograph	
	ation No. of UPR: _				should be a the fi	ront	
•	s Name:				(Avoid St: Signaturir fac	ng on the	
(In Block L	_					,	
Date of	_		Mahila No	·			
	_						
College			Gender:				
Nationa	ality: _		Proposed City of Exam:				
Domicil	e District:						
Present	t Address:						
Perman	nent Address:						
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Total Amount Paid Rs		Challan Num	ber Date:		HBL Brar	nch	
(Words)	Onted for Froming	4ian					
Subjects	Opted for Examina						
	Compulsory Subjects		Elective Subjects		For Official Use Only		
2		5		Received Date:	d No.:		
3		7		Registry:	:		
4		8		Date:			
	BA/BSc.	•					
Compu	Ilsory Subjects	Islamic Studies & Pakist	an Studies E	Enalish	1	Arabic	

Elective	Economics	Islamic Studies	Political Sc.	History	Sociology	Psychology	Statistics	Zoology
Subjects	Botany	G. Math	A Course Math	B Course Math	Physics	Chemistry		



Cell No:

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Educational Background: Previous Reference of Examinations at this University / Fresh: Year (Annual/ Supply) **Failed Subjects Program** Roll No: Status **DECLARATION CERTIFICATION** I Certify that the candidate has submitted Rs. _____ S/ D of as prescribed fee (Challan from attached) and all the declare that, I have filled application form by myself information provided is correct to my knowledge. and all the information provided is correct. In case of Full Name ____ false information, I shall be responsible for the consequences. Signature of Attesting Officer & Stamp Signature of Applicant CNIC No. TO BE FILLED IN BY THE CANDIDATE Roll No. _____ Roll No. _____ Name: ____ Name: Address: _____ Address: Cell No: Cell No: · -------Roll No. _____ Name: _____ Name: _____ Address: _____ Address:

Cell No:

Check List:

<u>PARTICULARS</u>	Yes	No
Filled the form correctly and completely.		
Submitted all the prescribed dues.		
Attached attested photocopy of result card of Previous examination.		
Affixed one and attached 04 photographs (Passport Size)		
Attached original Migration Certificate (NOC) in case of applicant having passed		
intermediate/ Previous Exam other than BISE Mirpur, AJ&K		
Attached Copy of CNIC		



3

4

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Name of	f Candidate:				Paste		
CNIC No	o: ation No. of UPR:			(Photograph (Passport Size) The Photograph ould be attested at		
Father's					the front Avoid Stamping/ ignaturing on the face)		
Examina	ation Center:						
	Comp	oulsory Subjects		Elective Subjects			
	1		5				
	2		6				

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Controller of Examinations