



EXAMINATIONS DEPARTMENT

(Phone: 042-99262212-16)

DEGREE CORRECTION FORM

Note: Provide the relevant information at the specified place (s) and attach the requisite documents. Incomplete form will be rejected.

1. Program: _____ 2. Session: _____

3. Name of Institute:

CORRECT INFORMATION (as per matriculation certificate)

[illegible][illegible][illegible][illegible]

8. Student ID/Roll Number: _____ 9. Gender: _____

10. CGPA Obtained: _____ 11. Marks Obtained: _____
(For Semester System Only) (For Annual System Only)

12. Present Address (For Correspondence):

13. Mobile #:

14. Permanent Address: _____

15. E-mail Address: _____ 16. Phone # (withcode): _____

17. Addressed to (Designation and Complete Address of authority to whom the information is to be sent):

18. Fee Information

Bank Challan/Demand Draft #	Date	Amount	Name of Bank	Branch

19. Attachments Required:

- One Copy of the Academic Transcript
- Original Degree
- One copy of Computerized National Identity Card
- One passport size photograph
- Copy of Name Correction Notification
- Original Fee Deposit Challan of **Rs.2500** (Only system generated challan forms will be accepted)

DECLARATION: I hereby declare that the above mentioned particulars are correct and in case of any inaccuracy therein, I shall be responsible for the consequences. I further declare that I have attached the above mentioned documents.

Dated: _____

Signature of the Candidate: _____

Attestation & Recommendation by the Concerned Principal/Director

Name of the Principal/Director

NIC number of concerned Principal/Director					-									-
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Signature & Stamp of the Principal/Director

Received By

Name _____ Signature _____

CNIC No.