

Serial No.

Form Fee Rs.



**BENAZIR BHUTTO SHAHEED UNIVERSITY LYARI, KARACHI, SINDH**

**Examination Form for the Regular Student of**

Bachelor of \_\_\_\_\_  Fresh  Improver  Failure

Academic Session/Year 20 \_\_\_\_\_

Department \_\_\_\_\_ Part \_\_\_\_\_ Semester/Term \_\_\_\_\_

Fee Deposited vide Bank Challan / D.D.No. \_\_\_\_\_

Dated \_\_\_\_\_ (Receipt Attached)

To,

The Controller of Examinations  
BBSUL Karachi, Sindh

I request for permission to appear myself for the ensuing

Examination \_\_\_\_\_ Department / Institute of \_\_\_\_\_

Semester \_\_\_\_\_ of Academic Session / Year \_\_\_\_\_

My Personal details are as under:-

Registration No. \_\_\_\_\_

**Photo Graph**

**Must be Pasted**

**PERSONAL DETAILS**

Name in Full { Name \_\_\_\_\_

Capital Letter { Father Name \_\_\_\_\_ Surname \_\_\_\_\_

Religion \_\_\_\_\_ Male/Female \_\_\_\_\_ Nationality \_\_\_\_\_ Regular / Ex-Student

Eligibility Certificate No. \_\_\_\_\_ Date \_\_\_\_\_ Enrolment No. \_\_\_\_\_ Date \_\_\_\_\_

registration No: \_\_\_\_\_ Part \_\_\_\_\_ Year \_\_\_\_\_

Residential Address \_\_\_\_\_

National identity Card No. \_\_\_\_\_

I wish to appear in the following subjects / Papers & practical & shall answer the question paper in

\_\_\_\_\_ Language

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Clearance of:**

**To be certified by:**

**Signature**

1. Tuition Fee

Finance Department

2. Central Library Books

Librarian BBSUL

**DETAILS OF EXAMINATION PASSED**

Examinations Passed	Seat No.	Year	Name of the School / College	Name of the Board / University
Matriculation				
Intermediate Science / Arts / Commerce				
Bachelor of				

I hereby declare that I am also appearing at the

Examination for which I have already filled in the form and paid the fee.

If I am permitted to appear at the examination, I undertake to submit without demur or protest to the decisions of the Benazir Bhutto Shaheed University Lyari, Karachi, Sindh, as for as the Examination and the results are concerned.

I further do hereby that this form is in accordance with the provisions of the Benazir Bhutto Shaheed University Lyari, Karachi, Sindh, Act and rules and regulations framed there under and in case any error. Omission or irregularity is detected in the form at any stage before or after the commencement of the Examination, the form shall be liable to be rejected and I shall abide by the decision of the university.

**Yours Obediently**

**(Signature of the Applicant)**

Dated: - \_\_\_\_\_

## LITERACY CERTIFICATE

I CERTIFY THAT Mr. /Miss \_\_\_\_\_

- (i) has kept \_\_\_\_\_ % attendance and has studied the papers / subjects offered by him her for the above Examination of this institution under my direction.
- (ii) he / she has attended 75% of the lectures delivered in the subjects.
- (ii) he / she has done to my satisfaction all the written work as desired by me
- (iv) he / she has maintained discipline and good moral character during the Semester after passing the \_\_\_\_\_ First / Second semester and having regard to his / her satisfactory attendance, progress and character, he /she is eligible to appear at the examination. I further certify that he .she has satisfactorily completed the prescribed practical courses.

I also certify that this candidate had already appeared at the above semester in the Year \_\_\_\_\_ under Seat No. \_\_\_\_\_ He / She has passed the following papers / practicals.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

I further Certify that the candidate has Complied with all the conditions rules regulations framed under the provisions of Benazir Bhutto Shaheed University Lyari, Karachi, Sindh, Act and the form has been filled in accordingly.

Other remarks (if any)

**Teacher Incharge**

Department \_\_\_\_\_

HOD \_\_\_\_\_

Dated: - \_\_\_\_\_

\* To be struck out where it is no applicable.



**BENAZIR BHUTTO SHAHEED UNIVERSITY LYARI, KARACHI, SINDH**

**ADMIT CARD**

CANDIDATE COPY

**Mobile Phone is not Allowed in Examination Hall**

\_\_\_\_\_ SEMESTER EXAMINATION OF SESSION 20.....

Bachelor of \_\_\_\_\_  Fresh  Improver  Failure

Department \_\_\_\_\_ Part \_\_\_\_\_

Name \_\_\_\_\_

S/o. D/o. \_\_\_\_\_

C.N.I.C. No.

Subject (s) (Now in which appearing)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

Registration No. _____
<b>Photo Graph Must be Pasted</b>

Signature & Stamp of the \_\_\_\_\_  
Chairman / Incharge of the Department      Signature of Candidate      Controller of Examinations



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Department \_\_\_\_\_ Part \_\_\_\_\_

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