APPLICATION FORM FOR DUPLICATE REGISTRATION CARD

(please fill in this form with your own hand-writing in capital letters).

EXAMINATION: 1) SSC (Part-I/II)   2) INTERMEDIATE (Part-I/II)   3) ANY OTHER EXAM:______________________

S.S.C. Roll No. _______________ Year _____________ (Annual/Supplementary)

INTERMEDIATE Roll No. _______________ Year _____________ (Annual/Supplementary)____________________

DATE OF BIRTH (in figures)_________________ (In words) _______________________________________________

CANDIDATE’S NAME (in English)______________________________

FATHER’S NAME (in English)______________________________

CANDIDATE’S NAME (in Urdu)______________________________

FATHER’S NAME (in Urdu)______________________________

REGISTRATION NO. (if any)______________________________

NAME OF INSTITUTION______________________________

NAME OF DISTRICT (in case of private candidate)______________________________

NAME OF COLLEGE JOINED FOR THE FIRST TIME AFTER PASSING SSC EXAMINATION______________________________

ADDRESS______________________________

BANK CHALLAN NO.__________________ DATED_______________________ RS._______________

SIGNATURE OF THE CANDIDATE (in English)__________________ (in Urdu)__________________

(thumb impression)__________________

NOTE: Fee for Duplicate Registration Card is Rs.320/-

TO BE FILLED IN BY FINANCE BRANCH

Verified that a fee of Rs. _____________ (in words) has been received vide Bank Challan No. ________________

Dated ________________ and posted vide B.C. Register No. ________________ Page __________ Serial No. ________________

_________________  __________  __________
Dealing Clerk  Assistant  Superintendent