

**BAHAUDIN ZAKARIYA UNIVERSTY, MULTAN**

Centralized Uniform Examination Cell (Semester System)

No: \_\_\_\_\_

Date: \_\_\_\_\_

**Application for Result Card**

Name: 

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Roll No. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Reg. No. \_\_\_\_\_

Department: \_\_\_\_\_

Program: \_\_\_\_\_ Session \_\_\_\_\_

Result Card of.  
Semester (Please tick) 1  2  3  4  5  6  7  8  Complete (all)

Fee of RS. \_\_\_\_\_ Bank Challan No. \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Application Signature

**In charge Examinations  
of the Department**

**Head of the Department**

I have carefully read and checked all the particulars including my name, my father's name, spelling of these names, course titles, marks, grades, GPA, CGPA and all other details.

I certify above particulars to be correct and up-to my total satisfaction. I undertake not to ask for any alternation afterwards.

Date of Receiving \_\_\_\_\_

Recipient Signature