آزاد جمّوں وکشمیر یونیورسٹی
THE UNIVERSITY OF AZAD JAMMU & KASHMIR
DEGREE BRANCH EXAMINATIONS DEPARTMENT
Admin Block, University Campus, Chehla Bandi, Muzaffarabad – 13100, A.K.
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E-mail Address: controller@ajk.edu.pk / deputy.controller.degree@ajku.edu.pk

DEGREE FORM

Name: (Block Letters) _____

(In Urdu) _____

Father's Name: (Block Letters) _____

(In Urdu)

CNIC No: | | | | | | - | | | | | | | | | - | |

Nature of Degree / Certificate _____ **Abbrevation:** _____

Registration No. _____ **Roll No.** _____

Examination: Session:_____ Annual / Supply:_____ Term: _____

Marks / C.G.P.A. / O.P.M. Obtd: _____ Out of _____ Division / Grade _____ %age _____

Fee Deposited through Bank Draft /
Amount of Fee Deposited: _____ (In Figures)
Amount of Fee Deposited: _____ (In Words)
HBL Challan No._____ Date: _____
Bank Draft No._____ Date:_____

Contact No:
Mobile No:_____/ _____
Telephone / Res. / Office No:_____/_____

E-mail Address:
Hotmail _____ Gmail _____
_____ twitter _____

"Home / Permanent / Correspondence / Postal Address"

Address: _____
Post office / Post Code / _____
Village / Town / Sector / City: _____

I hereby declare that all the given particulars are correct:

Signature of the Candidate: _____ _____
(English) ***(Urdu)***

Certify that we have no objection regarding issuance of this candidates Degree.

Dean / Chairman / Director / Co-Ordinator / Principal: _____ _____
(In Case of Regular / College Candidates) **Signature** **Office Stamp**

(OR)

Gazetted Officer Class-I: _____ _____
(In Case of External / Private Candidates) **Signature** **Office Stamp**

Attestation Authority Name, Designation, Department and C.N.I.C. No.

Name:_____ **Designation:**_____ **Department:** _____

C.N.I.C. No: | | | | | | | - | | | | | | | | - | |

POSTAL ADDRESS / CORRESPONDENCE ADDRESS:-

Name: (Block Letters)	
Father Name: (Block Letters)	
C/O:	
Address: Post office / Post Code / Village / Town / Sector / City / Tehsil / District:	
Contact No:	