



# Govt. College Women University, Sialkot

Office of the Controller of Examinations

## Request Form

(Tick appropriate where applicable)

For Office use only

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

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

☐ Semester Freeze ☐ Semester Unfreeze

☐ \*Paper Rechecking ☐ Re-sit in Mid/Final

<b>Program Information</b>	Department _____ Degree Program: _____ Semester _____ Registration No: _____ Roll No: _____ *Subject: 1. _____ 2. _____ CGPA: _____
<b>Personal Information</b>	Candidate Name: _____ Father's Name: _____ CNIC No. _____ Contact No. _____ Address: _____ _____
<b>Fee Information</b>	Fee Amount: _____ Punjab Bank Branch: _____ Deposit Dated: _____

I hereby declare that all the particulars mentioned above are correct and that in case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences. I have attached all required documents.

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

Signature of Candidate

<b>Verified by:</b>	<b>For Office use only:</b>
HOD signature & Stamp: _____ Date: _____	Remarks: _____ Signature: _____

### INSTRUCTION (FOR CANDIDATE)

- 1) Please read the application form carefully and fill in as directed.
- 2) Attach Attested Photocopy of CNIC, Matric Degree & Picture.
- 3) Attach Original Receipt of Fee deposited.