

## SARDAR BAHADUR KHAN WOMEN'S UNIVERSITY, BALOCHISTAN, QUETTA EXAMINATION BRANCH

## CLEARANCE CERTIFICATE FOR DEGREE DETAILS DETAILED MARKS CERTIFICATE OF M.PHIL/PHD

Name (in BLOCK LETTERS):	Father's Name:
Enrollment No:	Registration No:
Session:	Batch:
Department:	
CNIC No:	Program of Study:
	Contact No:
I hereby certify that the department of	of Quality Assurance and Accreditation
Accreditation Council vides Letter reference No.	has been given NOC from HEC
Signature Director Quality Assurance:	Department Seal:
I hereby certify that Ms	Affairs (Admission/ Fee Collection)
Is not liable to university in admission and fee collection affairs and the bank	D
Sign Dy. Registrar Admission Cell	
Sign Dy. R	egistrar Admission Cell:
I hereby certify that Ms	)
y sold and not hable to university library in this reg	gard.
Dated: Signature: D	Department Seal:
Thereby certify that Ms.	
Has no due against transport section.	0
Dated: Signature: D	Department Seal
I hereby certify that Mo	Vilgration & Fee Collection
I hereby certify that Ms D/C  Is not liable to university in admission and fee collection affairs and the bank	O
and the bank	challan has been verified
Sign Dy. Registrar Admission Cell: Seal Dy. Re	egistrar Admission Cell
I hereby certify that Ms D/C	om Hostel (If Required)
Is not liable to hostel in any regard.	0
Dated: Signature: D	Department Seal:
I hereby certify that Ms.	om Financial Aid Office
Is not liable to hostel in any regard.	0
Dated: Signature: D	Pepartment Seal:
I hereby certify that Ms.	Department Seal:
has been the regular student of D/C	0
The session will/has expire on	fee is attached and no liability for dues in paradial
Dated:Signature HOD:	to dues is remaining on the scholar.
In he cian a	ad by Dimed Coo
The student has qualified the admission requirement :	
score of GAT General for M.Phil with 50 qualifying score, Dated:	(please attached the attested copy)
Signature of Director, GSO (seen original):	
I solemnly declare that facts mentioned in the application are correct.	
Applicant's Signature:	Seal
Received by Examination Person:  Submission Date:  SBKWU SBK	
SBKWU SBKWU SBKWU SBKWU SBKWU SBKWU S	SBKWU SBKWU SBKWU SBKWU SBKWU
SLIP	OF DMC FORM
Enrollment No:	Serial No
Anne:	Registration No:
Department:	radiers Name:
Nature of Certificate:	Fathers Name:  Session:  Factorized to the session of the session
ubmitted on:	Session: Fee Deposited:
	Evamination: