

Entry Slip (for Office Use)

Form # _____

Name: _____ Father Name _____

Department: _____ Program _____

CNIC #							-										
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Interview/Test Schedule

Date _____ Time _____ Place _____

* Please bring original certificates for verification

* Computerized NIC and Roll No Slip are must for interview/Test

Signature and Stamp
Director Graduate Studies Office

Entry Slip (for Candidate)

Form # _____

Name: _____ Father Name _____

Department: _____ Program _____

CNIC #							-										
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Interview/Test Schedule

Date _____ Time _____ Place _____

* Please bring original certificates for verification

* Computerized NIC and Roll No Slip are must for interview/Test

Signature and Stamp of Issuing Authority

Instructions:

The following must be considered while filling the form:

- Use the capital letters to fill in the form
- Information must be correct
- Incomplete forms will not be acceptable

Paste/Attach the
attested
photographs and
write the name at
the back

Personal Information

Academic Session:		Department for applying													
Name															
Father's Name															
CNIC No.						-								-	
Permanent Address															
Postal Address															
Date of Birth		Tel. No													
Religion		District													
Mobile No.		E-mail Address													
Nationality		Marital Status													

Registration No. of Last Examination _____

NTS Score _____ Roll No _____ Valid up to _____

Are you currently a full time employee of any government/ private organization?

Yes

NO

If yes, mention the following Information:

Job Title: _____ From _____ To _____

Name of Institute/Department: _____

Are you appearing in any other examination separately?

Yes

NO

The following information is to be filled by the Candidate passed her last Examination from University/Board other than Quetta/Balochistan.

Migration No. _____ Dated _____

Institute Name _____ City _____

Academic Qualification

Certificate of Degree	Board/University	Year of Passing	Roll No.	Division	CGPA	Subjects
Matriculation						
Inter Arts/ Sci./ Com.						
B.A./B.Sc./B.Com/B.S						
M.A./M.Sc./M.Com						
B.Ed.						
M.Ed.						
M.Phil.						
Others						

Details of Publication (If Any)

Title of Research Publication	Journal Name	Volume, Issue Page No.	HJRS Category	Impact

Graduate Studies Office

Application Form (MS/ M. Phil. / Ph.D.)

(GSO Copy)

The following attested documents/photograph must be attached with Admission form.

1. Four attested copies of all Educational Certificates/D.M.C)/Domicile/Local Certificate
2. Four attested copies of computerized N.I.C.
3. Four attested recent photographs (passport size).
4. The candidate who has terminal degree other than University of Balochistan shall submit migration certificate from previously attended institution.
5. Job holder candidate will have to submit No Objection Certificate (NOC) from employer and at the time of registration, the candidate shall submit a study leave order from employer.
6. Declaration & Undertaking (given below should be written on Stamp Paper of Rs.100).
7. Fee Voucher submitted in HBL, SBKWU branch/ Account Number: 0025117000198301

Check List:

Have you enclosed NOC from your employer at the time of admission (for employees only)?

Yes

No

Have you enclosed four attested/certified copies of the following academic transcripts/Testimonials?

Yes

No

<input type="checkbox"/> MS/M.Phil.	<input type="checkbox"/> M.A/M.Sc/M.Com	<input type="checkbox"/> L.L.B	<input type="checkbox"/> Pharm-D	<input type="checkbox"/> BS
<input type="checkbox"/> B.A/B.Sc/B.Com	<input type="checkbox"/> F.A/F.Sc	<input type="checkbox"/> Matriculation	<input type="checkbox"/> CNIC	<input type="checkbox"/> NOC
<input type="checkbox"/> Local/Domicile	<input type="checkbox"/> Migration Certificate	<input type="checkbox"/> Fee Deposit Slip		
<input type="checkbox"/> Declaration & Undertaking (given below should be written on Stamp Paper of Rs.50)				

Declaration (Required on Stamp Paper)

1. I solemnly declare that I have neither joined nor shall join any other Institute/Department/Centre/College/School during the course of my studies at Sardar Bahadur Khan Women's University, Quetta.
2. The above information given by me is correct to the best of my knowledge, if any of the statements made in this application be found incorrect, the university may take such action against me as it may deem fit, including cancellation of my admission in the university and detention from examination.
3. I have read and understood the University's cancellation and refund policy. I understand that the University may obtain official records from any educational institution I have previously attended.

I, undertake to:

1. Abide by the Act, Rules and Regulations of SBKWU, framed nom time to time and shall be liable to any penalty including dismissal, in case of violation of University rules.
2. Accept a condition with my admission that the University Authority can struck me off from the rolls of University without any prior notice, if I fail to complete all requirements of the study program.
3. Will not indulge in politics, and in case, I violate this undertaking and "indulge in politics" after my admission in the University, I shall be liable to dismissal without any prior notice under the order of Vice Chancellor, which shall be final and not challengeable in any court of law.
4. Accept as binding on me as long as I am a student, I will abide by all rules and regulations in force at the time of joining and which might be Earned subsequently by University.
5. Will show good behavior
6. Devote whole-heartedly to my studies and maintain the dignity and prestige of University.
7. Take any examination unconditionally notified by the University/Department.
8. I have read out all relevant rules and regulations of the University concerning M.S./M.Phil. / Ph.D. programs of study available in Graduate Studies Office, Website before signing this application form. Signature of Applicant

Signature of Applicant

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attested
photographs (4)
and write the name
at the back

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Postal Address															
Date of Birth		Tel. No													
Religion		District													
Mobile No.		E-mail Address													
Nationality		Marital Status													

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M.Ed.						
M.Phil.						
Others						

Details of Publication (If Any)

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<input type="checkbox"/> Local/Domicile	<input type="checkbox"/> Migration Certificate	<input type="checkbox"/> Undertaking	<input type="checkbox"/> Fee Deposit Slip	

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Signature of Applicant

Graduate Studies Office

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M.A./M.Sc./M.Com		
B.Ed.		
M.Ed.		
M.Phil.		
GAT Percentage		
Interview		
Total Marks		

Departmental Research Committee	Accept	<input type="checkbox"/>	Reject	<input type="checkbox"/>
Comments:				

Member-1

Signature: _____

Stamp: _____

Member-3

Signature: _____

Stamp: _____

Member-5

Signature: _____

Stamp: _____

Director QA&A

Signature: _____

Stamp: _____

Member-2

Signature: _____

Stamp: _____

Member-4

Signature: _____

Stamp: _____

Member-6

Signature: _____

Stamp: _____

Director GSO

Signature: _____

Stamp: _____

Comments and Signature of Head of Department:	
Comments and Signature of DEAN:	