THE BENAZIR BHUTTO SHAHEED
UNIVERSITY OF TECHNOLOGY AND SKILL DEVELOPMENT
KHAIRPUR MIRS
Phone No.0243-9280170 Fax: 0243-9280171

(EXAMINATIONS DEPARTMENT)

APPLICATION for

VERIFICATION OF DOCUMENTS

Please Tick (✓) following

☐ **ORDINARY**

☐ **URGENT**

Note: Fill as per Enrollment Card. In case of mistake, separate fee will be charged for correction.

Student ID. No: _____   Enrollment No: _____

Name (in capital letters): _____

Father's Name: _____ Surname: _____

CNIC No. _____

Phone No: _____ Cell No: _____

Bank Challan No: _____ Dated: _____ Total Amounts Rs. _____

- -

FEES AND WORKING DAYS

CERTIFICATES	Ordinary		Urgent	
	Fees	**Days**	**Fees**	**Days**
VERIFICATION OF ANY CERTIFICATE BACHLOR/MASTERS/Ph.D. DEGREE-TRANSCRIPT-PASS CERTIFICATE **IF VERIFICATION IS RECEIVED THROUGH ANY ORGANIZATION (THEY WILL PAY ORDER / DEMAND DRAFT IN FAVOUR OF UNIVERSITY NAME)**	**1260**	**10**	**1560**	**05**

Name of Organization / Institution

Address: --

Email. --

PARTICULAR DOCUMENTS REQUIRED

➢ ORIGINAL BANK CHALLAN.
➢ ORIGINAL PLUS THREE PHOTO COPIES BOTH SIDES DEGREE /TRANSCRIPT /PASS CERTIFICATE TO BE VERIFIED (IF REQUIRED).
➢ ATTESTED COPY OF ENROLLMENT CARD AND PASS CERTIFICATE.
➢ LETTER OF THE DEPARTMENT / INSTITUTE TO WHOM VERIFICATION IS REQUIRED (IF ANY).
➢ PHOTOCOPY OF CNIC.

_____
SIGNATURE OF THE CANDIDATE