



GC WOMEN UNIVERSITY SIALKOT

Office of the Registrar

Tel: 052-9250170 Ext.# 120-117

APPLICATION FORM

Name _____ D/O: _____

Registration No: _____

Roll No: _____ Department: _____

Program: _____

Degree Status (Complete/Incomplete): _____ CGPA: _____

College/Institute/Campus where studied: _____

Type of Certificate: _____

Purpose of Certificate: _____

Fee Deposited (Rs): _____ Challan No _____ Deposit Date _____

Address: _____

Active / Functional Mobile Number: _____ Landline/ PTCL Number: _____

Mobile Number of Father/Guardian: _____

Dated: _____

Signature of Applicant

Remarks by Chairperson/Incharge: _____

Signature of Chairperson/Incharge

Documents to be attached with the application:

1. Original Bank Challan
2. Attested copy of N.I.C
3. 01 Passport size Picture (Attested from the back)
4. Attested copy of Transcript/Result card
5. Copy of University Card

NOTE: Certificate will be issued after one week from the date of receipt of the application and the fee, provided that the application is found complete in all respects. If urgent certificate is required i.e. in one or two days' double fee will be charged.

Name _____

Father's Name _____

Postal Address _____

Contact #. Mobile: _____
Landline: _____

Name: _____

Father's Name _____

Postal Address _____

Contact #. Mobile: _____
Landline: _____