



UNIVERSITY OF LORALAI

Office of the Director Postgraduate Studies/ ASRAB

ACCESS

QUALITY

RELEVANCE

COMPREHENSIVE EXAMINATION FORM

Study of Program: _____ Session: _____

Department: _____ Morning Evening

Name: _____ Father's Name: _____

Enrollment No. _____ University Registration No. _____

Date: _____ Bank & Branch Challan No. _____ Amount Deposited. _____

Postal Address: _____

Contact No. (Land Line) _____ Cell Phone No: _____

Department/Institute Venue: _____ Date: _____ Timing: _____

Attached following documents with form:

- One attested copy of C.N.I.C.
- One Student Identity Card Copy()
- One Registration Card Copy
- Course Work completion Certificate from Controller of Examination (Semester cell)
- Two recent passport size photos.
- Original Bank Challan (duly signed & stamped by Bank or Branch)

Candidate Signature

VERIFICATION FORM CONCERNED DEPARTMENT/INSTITUTE

It is to certify that Mr/Ms/Mrs. _____

Father's Name. _____ Roll No. _____

has successfully passed all the courses of _____

Session _____ and declared eligible to appear in comprehensive

Examination by Securing _____ CGPA.

Coordinator

Chairperson

Dean, of the concerned Faculty

Director Postgraduate Studies/ASRB