



CONTROLLER OF EXAMINATIONS
WOMEN UNIVERSITY MARDAN
KHYBER PAKHTUNKHWA
Phone: 0937-871418, 0937-872201
Website: www.wumardan.edu.pk

APPLICATION FORM FOR VERIFICATION OF DEGREE/TRANSCRIPT/DMC

1. Name (in Block letters): _____
2. Father's Name (in Block letters): _____
3. Registration No: _____ Session: _____
4. Discipline (BS/Masters): _____ Semester: _____
5. Nature of Certificate & No. of copies required to be verified: _____
6. Bank Challan No. & Date: _____
7. Amount paid Rs. _____

Signature of Applicant

FOR OFFICE USE ONLY

Checked by

Counter Signed by

Verified by

Dealing Assistant

Assistant Controller of Examinations

Controller of Examinations

Acknowledgement Slip

Name: _____ Department: _____ Semester: _____

Deposited Rs. _____/- as a verification Fee Vide BOK receipt No. _____ dated: _____

Expected Document Receiving Date: _____

Initial of Dealing Assistant

FEE SCHEDULE

| Category | Amount |
|-----------------------------|---------------|
| Degree Verification | Rs. 1000/- |
| DMC/Transcript Verification | Rs. 500/- |
| | |