BAHAUDDIN ZAKARIYA UNIVERSITY, MUTAN

Centralized Uniform Examinations Cell (Semester System)

No: _____

Date: _____

Application for Result Card

Name: | | | | | | | | | | | | | | | | | | | | | | | | |

S/O,D/O | | | | | | | | | | | | | | | | | | | | | | | | |

Roll No. _____ / _____ / _____ Reg. No. _____

Department: _____

Program: _____ Session _____

Result Card of.
Semester (Please tick) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ Compiete (Over ail) ☐

Fee of Rs. _____ Bank Challan No._____ Date _____

Date _____ Applicant's Signature

Incharge Examinations
of the Department

Head of the Department

I have carefully read and checked all the particulars including my name, my father name, spelling of these names, course titles, marks, grades, GPA, CGPA and all other details.

I certify above particulars to be correct and up-to my total satisfaction. I undertake not to ask for any alternation afterwards.

Date of Receiving _____ **Recipient Signature**