

UNIVERSITY OF GUJRAT

EXAMINATION DEPARTMENT

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IMPROVEMENT PERMISSION FORM

| Name: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Father's Name: |
| Address: |
| Phone/Mobile: |
| Examination Passed: BA/B.Sc/B.Com/M.A/M.Sc: |
| Passing year Annual/Supplementary 20Roll No: (Attach photocopy of previous Result Card) |
| Division/Total Marks: |
| To improve Part-I, Part-II or Part-I&II combined:Year: |
| (DECLARATION) |
| • I here-by declare that after passing the above said examination I have not appeared in any higher examination. |
| I also declare that all the information given is correct to the best of my knowledge and belief and in case of any incorrect information or concealment of facts; I shall be liable to punishment under the Examination Rules. |
| Dated:/ (Candidate Signature) |
| Recommended/Not Recommended |
| Dy. Controller of Examinations (Cond) |

Approved/Not Approved

Controller of Examinations