



KOHAT UNIVERSITY OF SCIENCE & TECHNOLOGY
EXAMINATIONS SECTION

Kohat-26000, Khyber Pakhtunkhwa, Pakistan Ph # 0922-554563-65, Fax # 554556

APPLICATION FORM FOR OBTAINING MERIT CERTIFICATE

Issuance Page No. _____

Dated: _____

1. Name (in capital block letters as per SSC) _____
2. Father's Name (in block letters) _____
3. C.N.I.C. No. of the Student _____
4. University Registration Number _____ Session: _____
5. Name of Last Exam Passed _____ Enrolment/Roll No. _____
6. District from which Exam Passed _____
7. Department/Institution/ Centre: _____
8. Programme _____ Discipline _____
9. Position in order of Merit in the relevant Subject Examination _____
10. District of Domicile _____
11. Mailing Address _____

12. Contact No. _____ E-mail _____

Certified that I have completed all the formalities for the issuance of Merit Certificate and have deposited Rs. _____ vide Fee Deposit Receipt No. _____ Dated _____ .

Dated _____

Signature of the Applicant

INSTRUCTIONS:

1. Please attach the following along with this form:
 - a. Duly attested photocopies of DMCs/ Transcript.
 - b. Duly attested photocopy of Computerized National Identity Card.
2. Merit certificate will be issued after one week on receipt of the application form subject to the availability of the signing authorities.

(FOR OFFICE USE ONLY)

Form received on: _____

**Dealing Assistant
(R&M)**

**Superintendent
(R&M)**

**Asst./ Dy. Controller
of Examinations**

Controller of Exams

✂-----

Acknowledgment

Received application form for Merit Certificate from Mr./Ms. _____

_____ Son/ Daughter of _____

Registration No. _____ Roll No./ Enrolment No. _____

on dated _____ Date on which to be issued _____

Dealing Assistant