


 Verification No. _____
 (For Office Use Only)

UNIVERSITY OF EDUCATION, LAHORE

EXAMINATIONS DEPARTMENT

 College Road, Township, Lahore
 (Phones: 042-99262211, 042-99262213, 042-99262216)

VERIFICATION FORM

Note: Provide the relevant information at the specified place (s) and attach the requisite documents. Incomplete form will be rejected

1. Program: _____ 2. Session: _____

3. Name of Institute: _____

4. UE Registration No: _____

 5. Name of Candidate:
 (IN BLOCK LETTERS) _____

 6. Father's Name:
 (IN BLOCK LETTERS) _____

7. CNIC No: _____

8. Exam Roll Number: _____

9. Gender: _____

 10. CGPA Obtained:
 (For Semester System Only) _____

 11. Marks Obtained:
 (For Annual System Only) _____

12. Present Address (For Correspondence): _____

13. Mobile #: _____

14. Permanent Address: _____

15. E-mail Address: _____

16. Phone # (with code): _____

17. Addressed to (Designation and Complete Address of authority to whom the information is to be sent): _____

18. Fee Information

Bank Challan/Demand Draft #	Date	Amount	Name of Bank	Branch

19. Attachments Required:

- Original Result Card / Degree & One attested Copy of the Result Card / Degree of the concerned Program
- One attested copy of Computerized National Identity Card
- Original Fee Deposit Challan of **Rs.1030/-** (as Verification Fee including Verification Form Fee) for the issuance of Verificaiton on **ORDINARY BASIS** & **Rs.1530/-** (as Verification Fee including Verification Form Fee) for the issuance of Verificaiton on **URGENT BASIS**

DECLARATION: I hereby declare that the above mentioned particulars are correct and in case of any inaccuracy therein, I shall be responsible for the consequences. I further declare that I have attached the above mentioned documents

Dated: _____

Signature of the Candidate: _____

Note: Verified Result Card will be returned after 10 working days

POSTAL ADDRESS FOR DISPATCH OT VERIFIED RESULT CARD

ON PAKISTAN STATE SERVICE ONLY

Name: _____ Father's Name: _____

Address: _____

Received By

Name _____ Signature _____

CNIC No. _____

Price Rs. 30/-
 (to be deposited alongwith the Verification Fee)