Verification No. _____
(For Office Use Only)

UNIVERSITY OF EDUCATION, LAHORE

EXAMINATIONS DEPARTMENT

College Road, Township, Lahore
(Phone: 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: _____ - _____ - _____

Paste & Stapple Photograph here

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:
    a) Two Copy of the Result Card / Degree of the concerned Program
    b) Two pictures of Candidate
    c) Copy of Computerized National Identity Card
    d) Make Demand Draft on the name of treasurer University of Education Lahore from any Bank/ Challan Form
    c) Fee 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 at urgent basis & 20 working days at ordinary basis
After one month this section is not responsible for any claim.

POSTAL ADDRESS FOR DISPATCH OT VERIFIED RESULT CARD

ON PAKISTAN STATE SERVICE ONLY

Name: _____ Father's Name: _____

Address: _____

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

Received By
Name _____ Signature _____ CNIC No. _____