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: ____________

Paste & Stapple Photograph here

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:
   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.2030/-** (as Verification Fee including Verification Form Fee) for the issuance of Verificaiton on **ORDINARY BASIS** & **Rs.3030/-** (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. ____________