

## University of Peshawar Distance Education Ph:091-9216943 / 091-9216701 Website: www.uop.edu.pk/dde



ADMISSION FORM (SESSION 2017-18)							
ADMISSIO	N IN:						
LEARNING CENTER NAME:  Mention name of the District/Learning Center for classes. Center once allotted will not be changed							
PERSONAL INFORMAT	ION:						
1.Name (BLOCK LETTERS)							
2. Father's Name (BLOCK LETTERS)							
3. Gender Male Female	4. Date of Birt		Aonth -	Yea	r		
5. CNIC #	-	- 6. Cell #					
7. E-mail Address							
8. Postal / Correspondence Address							
EDUCATIONAL RECOR	<b>D</b> (Starting from	Bachelors Qualification)					
Examinations Passed	Year of Passing	University/Institution	Marks Obtained	Total Marks	Division/ Grade/ CGPA		

**NOTE:-** Please Read the Instructions Overleaf Carefully and then put your signature.

## INSTRUCTIONS

- 1. Attach attested photocopies of below mentioned documents with the application form: (i) Degrees/Certificates & DMCs (Only relevant)
  - (ii) CNIC
  - (iii) Two (2) passport size photographs
  - (iv) Original receipt of Admission Fee
- 2. Fill this Admission Form in legible handwriting with personal cell number and current postal address.
- 3. Applicants having no registration with the University of Peshawar must submit "MIGRATION CERTIFICATE (ORIGINAL)" at the time of submitting examination forms.
- 4. The Directorate of Distance Education, University of Peshawar reserves the right to drop any program or reject any application without assigning any reason.
- 5. If a student Cancels his/her admission, the request for refund of Admission Fee will be processed as per formula given below:

**Refund Rules:** 

- FOR M.Ed. / M.A /M.Sc a) NO deduction till 15th day of commencement of classes.
  - b) 50% deduction from 16th to 30th day of starting classes.
  - c) NO refund after 30th day of starting of classes.
- 6. For more information on any aspect of Distance Education please visit Distance Education website www.uop.edu.pk/dde or the Directorate of Distance Education, University of Peshawar contact number 091-9216943.

I	d/s/w of	do hereby solemnly affirm that:
1.	during the course of my study, if it is found that any information	d with the application form are correct. I understand that anytime ation given is incorrect or any document produced at the time of rules and my name shall be immediately stuck off from the roll
2.	I shall refrain from all kinds of unfair means in the examination	on;
3.	I shall refrain from all such acts and deeds as might bring disg	grace and bad name to the University of Peshawar;
4.	I shall conform to all provisions of the statutes of the Univers	ity of Peshawar;
5.	Violation of any of the above instructions will result in cance	llation of my admission.
	Date:	Signature of Applicant
		Signature of Applica

Distance Education