

UNIVERSITY OF KARACHI

Deposit Slip

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Branch Code \_\_\_\_\_

EXAMINATION COPY

Choose the Purpose

Voucher # \_\_\_\_\_

Date \_\_\_\_\_

NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

CNIC # \_\_\_\_\_

Mobile / Contract No \_\_\_\_\_

Permanent Address \_\_\_\_\_

Department / Institute \_\_\_\_\_

Class \_\_\_\_\_

Amount \_\_\_\_\_

HBL 00427991786203

MCB 0699158531002556

NBP 4100064357

UBL 114601004234

Sindh Bank 3734868282000

Mode of Payment  Cash

Instrument

Instrument # \_\_\_\_\_

Depositor's Signature

Authorized Signature

UNIVERSITY OF KARACHI

Deposit Slip

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Branch Code \_\_\_\_\_

FINANCE COPY

Choose the Purpose

Voucher # \_\_\_\_\_

Date \_\_\_\_\_

NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

CNIC # \_\_\_\_\_

Mobile / Contract No \_\_\_\_\_

Permanent Address \_\_\_\_\_

Department / Institute \_\_\_\_\_

Class \_\_\_\_\_

Amount \_\_\_\_\_

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UNIVERSITY OF KARACHI

Deposit Slip

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Branch Code \_\_\_\_\_

DEPOSITOR COPY

Choose the Purpose

Voucher # \_\_\_\_\_

Date \_\_\_\_\_

NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

CNIC # \_\_\_\_\_

Mobile / Contract No \_\_\_\_\_

Permanent Address \_\_\_\_\_

Department / Institute \_\_\_\_\_

Class \_\_\_\_\_

Amount \_\_\_\_\_

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UNIVERSITY OF KARACHI  
EXAMINATIONS DEPARTMENT

Rs. 50/=

APPLICATION FORM FOR MARKS CERTIFICATE

To,  
The Controller of Examinations  
University of Karachi  
Karachi.

1. Duplicate mark certificate (current)	Rs. 400/=
2. Carry-over mark certificate (current)	Rs. 500/=
3. Duplicate mark certificate (one year old or more)	Rs. 500/=
4. Carry-over mark certificate (one year old or more)	Rs. 700/=

For Office Endorsement

Please accept Rs. \_\_\_\_\_

Signature & Date

Dear Sir,

I need of Marks Certificate. Details are given below:

Full Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Name of Examination: \_\_\_\_\_ Annual/Supple. (Year of Exam.) \_\_\_\_\_

Name of College / External: \_\_\_\_\_

Seat No.: \_\_\_\_\_ Enrolment/Registration No. \_\_\_\_\_ Division: \_\_\_\_\_

Previous Seat No. with year (for Carryover of Marks): \_\_\_\_\_

Residential Address & Cell No.: \_\_\_\_\_

(Signature of Candidate)

SEAL & SIGNATURE  
PRINCIPAL OF THE COLLEGE

**IMPORTANT NOTE:**

- 1) Copy of the Enrolment/Registration Card, Admit Card of the last exam. and N.I.C. must be enclosed.
- 2) Original Marks Certificate of Part-II and copy of Part-I (for carryover of previous marks) must be enclosed.
- 3) The Examination Department will not be responsible to issue the documents if the correct particulars are not indicated by the applicant.
- 4) Fee is not transferable of refundable so fill-up the form carefully.

**(DEPARTMENT'S VOUCHER)**

UNIVERSITY OF KARACHI  
EXAMINATIONS DEPARTMENT

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Seat No.: \_\_\_\_\_ (Part - I) Seat No.: \_\_\_\_\_ (Part - II Carry Over)

Purpose of Payment \_\_\_\_\_

Rs. \_\_\_\_\_ Rupees (in words): \_\_\_\_\_

Depositor's Signature

Bank Officials Seal & Signature