



# QUAID-I-AZAM UNIVERSITY

OFFICE OF THE CONTROLLER OF EXAMINATIONS  
(ICT AFFILIATED COLLEGES SECTION)

## APPLICATION FORM FOR CHANGE OF SUBJECT(S) GROUP/PRACTICAL EXAM DATE/FACULTY

Name \_\_\_\_\_

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

Roll No \_\_\_\_\_ Year \_\_\_\_\_ Status (Regular/Ex-Student)

Registration No \_\_\_\_\_ Postal Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Institution \_\_\_\_\_

### 1. SUBJECT(S) GROUP

S.No	FROM	To
01.	_____	_____
02.	_____	_____
03.	_____	_____

### 2. PRACTICAL EXAM DATE(Mention Paper Code)

S.No	FROM	To
01.	_____	_____
02.	_____	_____

### 3. Faculty (Mention (B.A/B.Sc./B.Com)

S.No	FROM	To
01.	_____	_____

The requisite fee according to the fee structure at overleaf has deposited vide Demand Draft-Pay Order/Challan No \_\_\_\_\_ Dated \_\_\_\_\_ kindly be allowed to change the Subject /Practical Exam Date/Faculty (Group/Date/Faculty as mentioned above.)

SIGNATURE OF THE CANDIDATE.

PHONE/Cell No. \_\_\_\_\_

### (FOR REGULAR STUDENTS ONLY)

Ref. No \_\_\_\_\_ Dated \_\_\_\_\_

The candidate has appeared in his/her B.A/B.Sc./B.Com Part-1 Annual Examination \_\_\_\_\_ under Roll No \_\_\_\_\_ and will appear in Annual Examination \_\_\_\_\_ with changed Subject(s)/Group/Practical Exam Date/Faculty.

\_\_\_\_\_  
SIGNATURE OF THE HEAD OF INSTUTION

## **FEE SCHEDULE**

<b>S#</b>	<b>Description</b>	<b>Fee</b>
01	Change of faculty beyond 2 months	Rs.5000/-
02	Change of practical exam date	Rs.2000/-
03	Change of subject(Group)	Rs. 2000/-

### **INSTRUCTIONS:**

1. Copy of Bachelor -1 Result Card must be attached with the application form.
2. No request shall be entertained after prescribed date.
3. Permission once granted shall not be withdrawn/cancelled.