

# NATIONAL COUNCIL FOR HOMOEOPATHY

Airport Link Road, Fazal Town Phase -I, Rawalpindi.

Phone No. 051-9243726

## APPLICATION FORM FOR DUPLICATE MARK SHEET

To,

The Controller of Examinations  
National Council for Homoeopathy  
Islamabad.

### Particulars of Candidate:

1. Name of Candidate \_\_\_\_\_  
(Block Letters)
2. Father's Name \_\_\_\_\_  
(Block Letters)
3. Examination Year \_\_\_\_\_ (Annual/Supplementary) 4. Class: \_\_\_\_\_
5. Roll No. \_\_\_\_\_ 4. Enrollment No. \_\_\_\_\_
6. Name of Institution from which appeared \_\_\_\_\_  
\_\_\_\_\_
7. Bank Challan/Draft No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_
8. Postal Address \_\_\_\_\_  
\_\_\_\_\_
9. Phone No. \_\_\_\_\_

I solemnly declare that particulars mentioned above are correct and nothing has been concealed.

I enclose herewith following requisite documents in original:-

- (i) A Press Clipping.
- (ii) An affidavit on judicial stamp paper duly attested by an oath commissioner/1<sup>st</sup> Class Magistrate.
- (iii) A copy of Enrollment Card.

Dated:- \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CANDIDATE

### CERTIFICATE

This is certified that

Mr./Miss/Mrs. \_\_\_\_\_

Son/Daughter of \_\_\_\_\_

was a bonafide student of this institution. His/Her case for the issuance of a duplicate Mark Sheet is recommended, requisite documents enclosed herewith.

Signature \_\_\_\_\_

Stamp of the Principal \_\_\_\_\_

Dated: \_\_\_\_\_

N.I.C. No. of the forwarding authority \_\_\_\_\_



Note: Instructions overleaf