



# The Women University Multan

(Office of the Controller of Examinations)

## APPLICATION FORM FOR SEMESTER RESULT CARD

Name of student: \_\_\_\_\_

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

CNIC Number of student: \_\_\_\_-\_\_\_\_-\_\_

Registration Number: \_\_\_\_\_

Program/Discipline: \_\_\_\_\_

Session: \_\_\_\_\_

Contact no. : \_\_\_\_\_

Email ID: \_\_\_\_\_

Current Semester: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Semester no. of required result card \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Head of Department

Date: \_\_\_\_--\_\_\_\_--\_\_\_\_

Date: \_\_\_\_--\_\_\_\_--\_\_\_\_

**FOR OFFICE USE ONLY**

Diary no. \_\_\_\_\_

Receiving Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Signature of dealing Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

-----  
Issuance Date from Department: \_\_\_\_\_