



# UNIVERSITY OF POONCH RAWALAKOT

## Application Form for Subject UGAT / GRE Test

### For Postgraduate Admission in University of Poonch Rawalakot

Paste here  
a Recent  
Photograph  
(Passport  
Size)

Ph.D.     M.Sc. (Hons.)     M.Phil. / MS / M.Sc.

1. Deposit **Rs. 1000/-** in HBL on University of Poonch Rawalakot Challan Form
2. Test Center: Conference Hall, Faculty of Agriculture, University of Poonch Rawalakot, AJ&K
3. Relevant Field of Study (**Tick only one (01) of the following**):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Agronomy                     | <input type="checkbox"/> Botany                  | <input type="checkbox"/> Veterinary Medicine        |
| <input type="checkbox"/> Entomology                   | <input type="checkbox"/> Chemistry               | <input type="checkbox"/> Theriogenology             |
| <input type="checkbox"/> Food Science & Technology    | <input type="checkbox"/> Mathematics             | <input type="checkbox"/> Veterinary Pathology       |
| <input type="checkbox"/> Horticulture                 | <input type="checkbox"/> Physics                 | <input type="checkbox"/> Veterinary Parasitology    |
| <input type="checkbox"/> Plant Pathology              | <input type="checkbox"/> Zoology                 | <input type="checkbox"/> Animal Breeding & Genetics |
| <input type="checkbox"/> PB&MG                        | <input type="checkbox"/> Pharmaceutical Sciences | <input type="checkbox"/> Livestock Management       |
| <input type="checkbox"/> Soil & Environmental Science | <input type="checkbox"/> Computer Sciences       | <input type="checkbox"/> Dairy Science              |
| <input type="checkbox"/> Human Nutrition & Dietetics  | <input type="checkbox"/> Management Sciences     | <input type="checkbox"/> Animal Nutrition           |
| <input type="checkbox"/> Pharmacy                     | <input type="checkbox"/> Islamic Studies         | <input type="checkbox"/> _____                      |

4. Full NAME: \_\_\_\_\_

(Please Use Capital Letters)

5. Father's Name: \_\_\_\_\_

6. CNIC No.      -        -

7. Date of Birth:         8. GENDER:

9. E-mail Address: \_\_\_\_\_

10. Postal Address: \_\_\_\_\_

11. Telephone No. (Off) \_\_\_\_\_ (Res) \_\_\_\_\_ (Mobile) \_\_\_\_\_

12. Normal Fee: Challan No. (Must fill this Information) \_\_\_\_\_ Date \_\_\_\_\_

13. Late Fee (If any): Challan No. (Must fill this Information) \_\_\_\_\_ Date \_\_\_\_\_

14. **ACADEMIC RECORD:**

Certificate/Degree	Marks %age	Board/University
SSC		
HSSC		
B.A. / B.Sc. or equivalent		
05 Years' Degree (DVM / Pharm-D, etc.)		
M.A. / M.Sc. or equivalent		
Any other		

Note: (1) Please attach CNIC copy & Fee Deposit Slip / Challan only.

(2) No other document is required.

I declared that the above-mentioned information is correct, and, if found incorrect, I shall be liable to disciplinary action, which may be cancellation of the test result.

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

Signature of the Applicant \_\_\_\_\_