



# 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. ☐ 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"/> Pharmaceutical Sciences |
| <input type="checkbox"/> PB&MG                        | <input type="checkbox"/> Computer Sciences   | <input type="checkbox"/> Eastern Medicines       |
| <input type="checkbox"/> Soil & Environmental Science | <input type="checkbox"/> Islamic Studies     | <input type="checkbox"/> _____                   |
| <input type="checkbox"/> Electrical Engineering       | <input type="checkbox"/> Management Sciences | <input type="checkbox"/> _____                   |

4. Full NAME: \_\_\_\_\_  
(Please Use Capital Letters)

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

6. CNIC No.       -         -

7. Date of Birth:  DD  MM  YYYY 8. GENDER:  M  F

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 \_\_\_\_\_