## BACHA KHAN UNIVERSITY, CHARSADDA

## **APPLICATION FORM**

Field of	Specialization:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			i								
Name:				F/ Name: (Till the closing date of application  Contact No:									
							Distinct	ion if any:			RO		(Gold Medal, Silver Medal etc
							Mailing	Address:	191		0	A D	
Perman	ent Address:												
Current	Position, if any (Permanent	/ Contract et	c.) (Please me	ention the name	of Institutio	n)							
Sr#	Degree / Certificate	Marks Obtained	Total Marks	Percentage	Passing Year	Board / Institution / University							
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experier	nce certificates / list of public	cations is requ	ired.		e .								