



SARHAD UNIVERSITY
OF SCIENCE & INFORMATION TECHNOLOGY, PESHAWAR

CONTINUING FORM

Affix unattested
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(1.5" x 2.0")

غیر تصدیق شدہ
تصویر چسپایا کر ہیں

Programme : MA. Special Edu-2nd Semester: Spring Fall Year 2 0

Reg. No.: S U C R - - - -

Roll No.: - -

Name:

F. Name:

Address:

Tel:

Mobile:

E-Mail:

Preferred District of Examination Centre:

Compulsory Course(s):

S.No	Course Name	Course Code
1	Educational Measurement and Evaluation	MAE340

Note: Select any **ONE** group of your choice from the following groups (each group contains four subjects and for subjects detail kindly check prospectus)

S.No	Group No.	Group Name	✓
1	I	Hearing Impairment	<input type="checkbox"/>
2	II	Mental Retardation	<input type="checkbox"/>
3	III	Visual Impairment	<input type="checkbox"/>
4	IV	Physical Disability	<input type="checkbox"/>

Fee Information:

Challan No: _____ Date: _____

Name of Habib Bank Branch: _____

Amount (In Figure) Rs. _____ Amount (In Words) Rs. _____

Signature of Applicant