

APPLICATION FORM FOR VERIFICATION OF DOCUMENTS

Personal Details:			
Name of Candidate:		Father Name:	
Enrolment ID: (as per result slip)	Name of School:		School Code:
Candidate Telephone/ Mobile Number:		Valid Email Address	of Candidate:
•			
Documents Collection Method	:		
By Hand 🔲	Dispatch to School	Dispa	tch to Given Address *
Verification Required: Please check (✓) if you require			N. AD
Certificate/ Result Slip	Verification I	*	No. of Documents
SSC-I	☐ Original Document☐ Photocopy	□ Sealed□ Sealed	
SSC-II	☐ Original Document	□ Sealed	
	□ Photocopy	☐ Sealed	
HSSC-I	☐ Original Document	□ Sealed	
	□ Photocopy	☐ Sealed	
HSSC-II	☐ Original Document	☐ Sealed	
	□ Photocopy	□ Sealed	
SSC Certificate	☐ Original Document	☐ Sealed	
	□ Photocopy	☐ Sealed	
HSSC Certificate	☐ Original Document	☐ Sealed	
HSSC Certificate	□ Photocopy	□ Sealed	

Important Notes:

- If you require verification for **WES**, and want us to send the documents directly to **WES**, then please pay **USD 80.00** as courier charges (converted to PKR as per exchange rate of the date of form submission) along with this application form.
- Incomplete application form will not be processed; and would be discarded after 15 working days without any refund.
- AKU-EB will provide verification only on the original and/ or photocopies of documents submitted along with this form by the candidate. Requests to make photocopies of a submitted document on a candidate's behalf and provide verification on it will NOT be honoured according to our verification policies.
- Verified documents / photocopies will be dispatched to **school** within 05 days of the receipt of the application form if mode of delivery not mention on form.
- AKU-EB **cannot** take responsibility for the delivery of the mail (verified documents). Where a courier service is used, the tracking number will be provided upon receipt of the same from the courier company.
- Fees once paid, will not refund on request of cancellation of services.

Fee Details:

• Fee for verification of an original document or each photocopy of a document is **PKR 1,000**.

Fee for verification of documents can be submitted in the following mode of payments:

1. Pay Order:

Beneficiary Name: The Aga Khan University

NTN #: 1206240-5

<u>Important note:</u> Pay order must be in favour of "<u>The Aga Khan University</u>", else your application will not be processed.

2. Cash deposit at any online HBL branch:

Candidate/School/Institution can deposit amount in (PKR only) at any of the branches of Habib Bank Limited (HBL) through online banking facility.

Account Title The Aga Khan University

Account # 0896-79006003-01

Branch Code 0896

Bank NameHabib Bank LimitedBranch NameKARSAZ, Karachi

NTN #: 1206240-5

Important Note:

- AKU-EB candidates must mention their Enrolment ID and Name on HBL's deposit slip.
- School/Institutions should mention their institution name on HBL's deposit slip.
- The acknowledgement of payment given by the bank on the deposit slip (original) must be sent to AKU-EB office along with application form and documents. Photocopy of pay order/deposit slip will not be accepted in any case.

Pay Order/ HBL Deposit #:	Dated:	Amount:

Mailing Address:

Completed form along with original Pay Order or HBL's Original Deposit Slip and documents to be sent to the following address.

The Aga Khan University Examination Board Block - C, IED-PDC, 1-5/ B-VII Federal B. Area, Karimabad

Karachi-75950, Pakistan Tel: +92 21 3682 7011-8

Email: examination.board@aku.edu

Disclaimer:

The Aga Khan University Examination Board (AKU-EB) shall take necessary measures to ensure examinations and other activities are conducted as scheduled; however, in case of any disruption caused by circumstances beyond its control, AKU-EB reserves the right to cancel, postpone and/or delay the said examinations/activities, and reschedule them in a manner that AKU-EB may deem appropriate. That, except to the extent of rescheduling of examination/activities, AKU-EB shall not be liable in any manner for not holding the examinations/activities as scheduled for the reasons stated above.

I hereby acknowledge that I have read, understand and agree with all the points mentioned in the form.			
Signature of Candidate:	Authorized Signature:(applicable for institutions only)		
Date:			