



UNIVERSITY OF BALTISTAN SKARDU
(OFFICE OF THE REGISTRAR)

ACKNOWLEDGEMENT RECEIPT FOR WITHDRAWAL OF CANDIDATURE FORM-2024

Name: _____ Date: _____

Designation: _____

Department: _____

Campus: _____

Serial No in the Electoral Roll: _____

Contesting for the Membership of: _____

Contesting for the Category of: _____

Withdrawal of Candidature Form Submitted by:

Name: _____ Signatures: _____

Withdrawal of Candidature Form Received by:

Name: _____ Signatures: _____

(FOR OFFICE USE)

Name: _____ Designation: _____

Campus: _____ Serial No in the Electoral Roll: _____

Date: _____ Time: _____

Contesting for the Membership of: _____

Contesting for the Category of: _____

Withdrawal of Candidature Form Submitted by:

Name: _____ Signatures: _____

Withdrawal of Candidature Form Received by:

Name: _____ Signatures: _____