

**CERTIFICATE VERIFYING EDUCATION FROM AN
UNDER-DEVELOPED DISTRICT**

Name of Candidate: _____

Father/Guardian Name: _____

District of Domicile: _____

CNIC # of Candidate: _____

Sr. No.	Class/ Grade	Name of Institution	Years during which the applicant remained in the Institution	Name, Sign, and Stamp of Headmaster/ Principal of Institution
1.	1 – 5			
2.	6 – 8			
3.	9 – 10			
4.	11 – 12			

Verified by District Authorities

CEO
(District Education Authority)
Name & Stamp:

DEO
(Colleges)
Name & Stamp:

Deputy Commissioner (Relevant District)