**UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR**

**Department of Computer Science and Information Technology**

Tele: - (091) 9222276 Fax No: - (091) 9216663

**Form H (Exam Clash Form)**

Name: Registration No:

Semester:

**Exam - I**

Course Name

Exam Date Start Time:- End Time:

Department

**Exam - II**

Course Name

Exam Date Start Time:- End Time:

Department

Remarks (if any)

**Student Sign Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note:- 1. Student concerned will be responsible for any misinformation provided in this form.

2. Attach a copy of exam date sheet.

**(For Office Use Only)**

Diary/ Dispatch No:- Dated

Action By: Action Date: