Sr. No	
	(f ff: . .

(for office use only)



(for office use only)

PHOTO
(Blue Background)

Applied for Session (Spring) (Fall) (YEAR)	1.5" X 2.0"
D M Y	
Date:	
APPLICANT INFORMATION	
Applicant No: (New Admissions)	
Registration No:(Regular Students)	
Applicant Name:	
Applicant CNIC	
Land Line No.	
Marital Status Single Married Email Address	
Degree ProgramDepartment	
Permanent Address	
Current Address	
Last Exam PassedYear of Passing	
Roll NumberBoard	
Total MarksObtained MarksPercentage%	
Marks/Grade/CGPASession of Passing	
for office use only	
Student's Name	
Applicant / Reg. #	
D M Y For Received on.	
Received by:	Signature + Stamp

FATHER/GUARDIAN INFORMATION

Father's Name		Status	Alive	Deceased	
Guardian Name					
CNIC CNIC					
Land Line No.	Mobile No.		-		
CURRENT EMPLOYMENT STATUS Yes No (1) Employed/Salaried Person (2)	Self-Employed/Busin	ess		(3) Retir	ed
JNDERTAKING					
I certify that the information given on this form is undertake that misrepresentation may cause cance during the program. If I unable to maintain (GPA 3.2 right to discontinue my concession.	llation of my admissi	on or scho	larship at an	ıy stage or	
Applicant Name	Parent/Guardia	n Name			
Applicant Signature	Parent/Guardia	ın Signatur	re		
Date D D M M Y Y Y Y	Date	D D	M M	YY	ΥΥΥ

Please attach "Photo Copies" of the following Documents.

COMPLETION CHECKLIST

Sr. No	Requirements Descript	
1.	Photocopy of CNIC / B: Form Applicant	
2.	Photocopy of CNIC Father / Guardian	
3.	Attested Copy of Certificate of Matriculation, showing Date of Birth.	
4.	Attested Marks Certificate of the last examination passed(Intermediate/Equivalence Certificate)	

For office use only

Student's Name	
Applicant / Reg. #	
Recommended by	
	Signature
STATUS Approved Refused	D M Y Date
Approved by:	
	Signature
	D M Y Date
Entry in ODDO Yes No	
Entered By	
	Supervised By (Signature & Stamp)

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