

## **UNIVERSITY OF SWABI**

Phone: 0938-403744, Fax: 0938-490238 E-mail: admissions@uoswabi.edu.pk Web: www.uoswabi.edu.pk

Paste Photo

## BS ADMISSION FORM FALL-2023

Session			Open	Sports	Disable	FATA/ Baluchistan	Form No.		
			Plea	ase tick (🗸)	one				
Department Program of Study									
Name of Studer	nt				Gende	er Male	Fema	ıle 🔙	
Father's Name									
Date of Birth Religion Nationality									
Father's/Guardia	an's CNIC		-			- E	E-mail		
Father's / Guardian's Occupation									
Permanent Address									
Postal Address									
			ACADE		CATION				
ACADEMIC QUALIFICATION									
Certificate / Roll Ye Degree No.		Year	Marks Obtained	Total Marks	%age / CGPA	Subjects	Board /	Board / University	
Hafiz Quran	Yes	No	l				1		
The above information provided is correct to the best of my knowledge & belief.									
Tick one ( ✓ ) of	the followi	ng.							
Hostel Needed Not Needed									
Transport Needed Not Needed									
	vecaca		- Trot Needed		Stude	ents Signature			
				OFFICE USE	ONLY				
Signature of the	members	of Admission	Committee						
1.				3.					
Admission fee paid vide receipt No									