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**ADMISSION TO 5TH SEMESTER
BS DEGREE PROGRAMS FALL-2024**

Session

Form No.

Department

Program of Study

Name of Student Gender Male Female

Father's Name Domicile

Date of Birth -- Religion Nationality

Father's/Guardian's CNIC - E-mail.....

Father's / Guardian's Occupation..... Contact No

Permanent Address

Postal Address

ACADEMIC QUALIFICATION

Certificate / Degree	Roll No.	Year	Marks Obtained	Total Marks	%age / CGPA	Subjects	Board / University

Hafiz Quran Yes No

The above information provided is correct to the best of my knowledge & belief.

Tick one (✓) of the following.

Hostel Needed Not Needed

Transport Needed Not Needed

Students Signature _____

FOR OFFICE USE ONLY

Signature of the members of **Admission Committee**

1.

2.

3.

Chairman / HOD

Admission fee paid vide receipt No.....

Dated