



STUDENTS REGISTRATION FORM

I may please be registered in the University. My particulars are as follows:

CMS #: _____

Registration No. _____

Faculty:Intake Session.....

Program..... SAP ID.....Date of Admission

Transferred/Migrated Student: Yes/No

PERSONAL DATA

Student Name: _____

Student CNIC # _____

Father/Guardian Name: _____

Father/Guardian CNIC# _____

GENERAL INFORMATION

Date of Birth: Gender: Martial Status:

Religion: Nationality: Passport No:

ADDRESS

House No: _____ Street No: _____ Mohalla/Village: _____

District: _____ Province: _____ Cell No: _____

Res Phone No: _____ Father Cell No: _____

E-Mail: _____

Academics Record

Certificates/Degree	Status	Percentage
SSC/O' Levels		
HSSC/A' Levels		
Bachelor's		
Master's		
MS/M.Phil		
Others		

Verified By OAA