

FATHER/GUARDIAN INFORMATION

Father's Name -----

Status

Alive

Deceased

Guardian Name _____

CNIC

Land Line No.

Mobile No.

CURRENT EMPLOYMENT STATUS

Yes

No

(1) Employed/Salaried Person

(2) Self-Employed/Business

(3) Retired

UNDERTAKING

I certify that the information given on this form is accurate to the best of my knowledge and belief. I undertake that misrepresentation may cause cancellation of my admission or scholarship at any stage or during the program. If I unable to maintain (GPA 3.2) in any semester examinations, the university has the right to discontinue my concession.

Applicant Name

Parent/Guardian Name

Applicant Signature

Parent/Guardian Signature

Date

Date

Please attach "Photo Copies" of the following Documents.

COMPLETION CHECKLIST

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

For office use only

Student's Name _____

Applicant / Reg. # _____

Recommended by

Signature

STATUS

 Approved Refused

Date



Approved by:

Signature

Date



Entry in ODDO Yes No

Entered By

Supervised By
(Signature & Stamp)