OF CHITRAL

REGISTRATION SECTION

Application form for registration of regular candidate for BS/Bachelor/Professional Level

Program: _	Discipline:	Session:
	2 to tp	

Please affix 03 No. of recent colour blue background passport size photograph

		Date	of Admiss	cion:				
S. No				R	eg. No.		section use only)	
(For C	College Use						section use only)	
USE BLOCK LETTERS TO FILL THIS FORM								
Name:								
CNIC Number:						Date of Bir	th:	
* in case CNIC is not of	btained, F	orm 'B' nun	nber must be	provided.				
Father's Name:			CNIC	Number				
Father/Guardian' Co	ell No							
Nationality:			Ger	nder (Tick On	e) Male	Fe	emale	
Present Address								
Postal Address								
						·		
ACADEMIC REC						T 70.1.1		
Examination Passed	Year	Annual/ Supply	Roll No.	Registration Number	Marks Obtained	Division	University/Board From where passed	
			Fee	Record				
Name of Bank:								
Date			Receipt/Draft No.			Amount		
Signature of the Car	ndidate:			D	ate:			
Name & Signature	(Head o	f the Instit	ute/College	e/Deptt)				
Office Seal			CNI	IC No				

<u>Note:</u> Instruction given over leaf for filling the Application Form for allotment of registration number must be taken in consideration before.

INSTRUCTIONS

- 1. Three colour picture with blue background must be affix on the form. One picture attested at face and two attested at back side from the concerned Head of Institute/department.
- 2. Attested copies of CNIC or Form (B).
- 3. Attested copies of Diploma/Degree/Certificate/DMC of Matriculation and Intermediate.
- 4. Original Bank Receipt of fee deposited or Bank Draft in the name of Examination account University of Chitral.
- 5. Name & Father's names must be entered from the Diploma/Degree/Certificate/DMC on which Admission requested/granted.
- 6. Approval of admission from the office of the Directorate of Admissions must be attached in case of late admission, Foreign Students, B. Com Part-1 & any other discipline wherever required.
- 7. Registration form duly completed in all respects must be reached to the office of Controller of Examination, University of Chitral, within the stipulated period, i.e., one month after the closing date of admission.
- 8. Incomplete registration form will not be accepted nor be entertained.
- 9. The mentioned essential requirements must be fulfilled & duly certified by the Head of the Institution.
- 10. The S. No. of this form may be kept as per registration return.

NOTE

After submission of Registration Form, no correction in Name/Parentage etc. will be made without payment of prescribe fee even if the same is due to oversight or typographical mistake after the final settlement before the commencement of examination, Applicant signature must be affixed in the Space provided for the purposes.

OFFICE USE ONLY

Registration No	Allotted			
1. Entered by:	In-charge Registration			
2. Checked by:	(ACE)			
3 Confirmed by:	(CE/DCE)			