



REGISTRATION SECTION

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

Program: _____ Discipline: _____ Session: _____

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

Date of Admission: _____

S. No. _____
(For College Use)

Reg. No. _____
(For Registration section use only)

USE BLOCK LETTERS TO FILL THIS FORM

Name: _____

CNIC Number: _____ Date of Birth: _____

* in case CNIC is not obtained, Form 'B' number must be provided.

Father's Name: _____ CNIC Number _____

Father/Guardian' Cell No. _____

Nationality: _____ Gender (Tick One) Male Female

Present Address _____

Phone No _____

Postal Address _____

Phone No _____

ACADEMIC RECORD OF LAST EXAMINATION PASSED

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 Candidate: _____ Date: _____

Name & Signature (Head of the Institute/College/Deptt). _____

Office Seal _____ CNIC No. _____

Note: 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, Intermediate, Bachelor & BS/Master.
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)**