



QUAID-E-AZAM COLLEGE (RYK)

Affiliated with Al-Khair University (AJK)

APPLICATION FOR REGISTRATION OF STUDENT

Attested
photograph
be pasted

College Name: _____ Subject: _____ Registration

No. Allotted _____ (To be filled in by the University)

1. Name of Student: _____

2. Father Name: _____

3. Date of Birth: _____ 4. CNIC: _____

5. Address: _____

6. Email Address: _____

7. Contact No.: Cell: _____ 8. Land Line: _____

9. Previous Highest Examination Passed: _____

10. Registration No. of Board/University last attended: _____

11. Date of Admission in this University/College: _____

12. Previous Academic Record:-

Examination Passed	Name of the Board/University	Year of passing with Grade/Division	Initial of the Checking Officer
Matric	_____	_____	
F.A/F.Sc.	_____	_____	
B.A/B.Sc.	_____	_____	
M.A/M.Sc.	_____	_____	
Any other examination passed	_____	_____	

13. Documents attached are
- | | |
|------------------------------|----------------------------------|
| i) Matric Certificate | iv) CNIC |
| ii) Intermediate Certificate | v) DMC issued by this University |
| iii) Bachelor Degree | vi) others, if any |

Signature of Student

Signature of Principal

(To be filled in by the University)

14. Examination Passed/Failed from this University _____ Year _____

Marks Obtained _____ out of _____ Division/Grade _____

15. Distinction Won, if any _____

16. Date of Leaving this College _____ Migration/Discharge _____

17. Certificate No. _____

18. Date of Award of Degree _____

19. Date of despatch of the Degree/Certificate _____

20. Issued under No. _____ Dated _____

Assistant/Superintendent

Assistant Registrar