

SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL, DIR UPPER



Registration form for Graduate Assessment Test (General)

Name (Block Letters): _____

Father's Name (Block Letters): _____

CNIC No. _____ Contact No. _____

Email Address: _____

Permanent Address: _____

Department/ Program: _____ Gender: _____

Test Type (Fill only one Box for desired Test Type (Mandatory))

(A) Category-A (Business Education)

(B) Category-B (Arts & Humanities/ Social Sciences)

(C) Category-C (Physical Sciences/ Agriculture & Veterinary Sciences/ Biological & Medical Science)

Deposited Rs. 500/- at HBL _____ (Branch) vide bank receipt No. _____ dated _____

Date _____

Signature

Counter signed by (Head of Department)

Stamp: _____

Note: Please attach deposited fee receipt and two pictures