SHAHEED BENAZIR BHUTTO UNIVERSITY



SHERINGAL, DISTRICT DIR-UPPER

REGISTRATION FORM (MA/M.Sc)

Picture

Nam	e of College	e/Institut	ion						
Department									
Subje	ect applied f	for	Session_						
PERSONAL DATA: (Fill in Block Letters)									
Name_									
Father's Name									
Date of Birth (in figures)(in words)									
Dom	icile					_CNIC No			
Mailing Address									
Permanent Address_									
Phon	e#				Cell#				
E-Ma	ail Address_								
ACA	DEMIC D	ATA:							
S/No	Name of Exam Passed	Roll No.	Year	Marks Obtained	Total Marks	Institute/ School	Board/ University	Maj. Subjects	
SUBJECTS IN WHICH TO BE REGISTERED:									
S.No	Subject N	Subject Name			S.No.	Subject Name			
1.					4.				
2.					5.				
3.					6.				
The entries in the above columns have been made in accordance with the credentials and to the best of my knowledge Countersigned									
Candidate's Signature Head of the Department/ Institute									

INSTRUCTIONS

The following documents must be attached with this form

- a. An attested copy of each of the certificate
- b. An attested copy of self CNIC and Father's CNIC
- c. Three attested 1 x 1 size recent coloured photographs
- d. Bank Receipt of Rs._____/- as registration fee in favor of Treasurer Shaheed BB University.
- e. Original Migration certificate from the concerned Board or University, other than Shaheed Benazir Bhutto University.

FEE SCHEDULE:

Submission of Form with normal fee	Submission of Form with late fee (upto 10 days)	Submission of Form with double fee (upto another 10 days)

OFFICE USE ONLY

Registration No.	Allotted
1. Entered by:	(K.P.O)
2. Checked by:	(ACE)
3. Confirmed by:	(CE/DCE)