SHAHEED BENAZIR BHUTTO UNIVERSITY



SHERINGAL, DISTRICT DIR-UPPER

Picture

REGISTRATION FORM (M.Ed)

Nam	e of College	e/Institut	ion									
Sessi	ion											
PER	SONAL D	<u>ATA:</u> (F	ill in Bl	lock	Letter	s)						
Nam	e											
Fath	er's Name _											
Date of Birth (in figures)							(in words)					
Domicile							CNIC No					
Mail	ing Address	<u> </u>										
Perm	nanent Addr	ess										
Phon	ne#					_C	Cell#_					
E-M	ail Address_											
A CA	DEMIC D	ATA:										
S/No	Name of Exam Passed	Roll No.	Year	Marks Obtained		Total Marks		Institute/ School		Board/ University	Maj. Subjects	
1	SSC											
2	HSSC											
3	B.A/B.Sc											
4	MA/M.Sc											
5	B.Ed											
6	Others											
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S.No	Special Subject				Code		S.No.		Professional Subject			Code
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									Coun	tersigne	ed	
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INSTRUCTIONS

- 1. 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.
- 2. The Optional Subjects Codes as mentioned below should be inserted in the relevant column overleaf

Special Subject	Code	Professional Subject	Code
Guidance and Counseling	206	Teaching of English	207
Computer Education	209	Teaching of Science	208

FEE SCHEDULE:

Submission of Form with normal fee	Submission of Form with late fee (upto 15 days)	Submission of Form with double fee (upto another 15 days)
		uays)

OFFICE USE ONLY

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