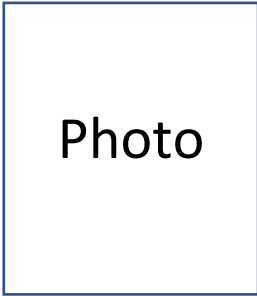


ADMISSION FORM



Student Name:

Student CNIC No.:

Serial No. of Selected Course (as per Advertisement)

Name of Selected Course:

Batch:

Contact Number (Mobile):

Email ID:

Date of Birth:

Gender: Male Female
 UET Student Disable Person
 Son/Daughter of UET Employee
 Others _____

Father / Guardian's Name:

Father/Guardian's Contact No.:

Source of Information

Education (Recent):

University/College Name (in which study):

Present Address:

Fee Received:
Received By: _____ **Sign:** _____

- ▶ Attach One Passport Size Photograph
- ▶ Attach CNIC/Father CNIC Copy
- ▶ Attach Disability Certificate (for Disable Person only)

Signature of Student: _____

For Office Use Only

Student Name: _____

Father Name: _____

Contact No.: _____

Selected Course: _____

Total Course Fee: _____

Fee Submitted: _____

Date of Submission: _____

Authorized Signature