



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
 - ii) Intermediate Certificate
 - iii) Bachelor Degree
 - iv) CNIC
 - v) DMC issued by this University
 - 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 University _____ 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