THE BEGUM NUSRAT BHUTTO WOMEN UNIVERSITY SUKKUR

Photo

REGISTRATION FORM

PROGRAM:_____ DEPARTMENT:_____

Name of Candidate (in Block Letters): _____

Father/Guardian's Name (in Block Letters):_____Father/Guardian's Mob. No:_____

Home Address:_____

_____

Phone (Home):_____Candidate's Mob. No:_____Email:_____

SEMESTER FEES STATUS:

Semester Fees Deposited Rs._____Challan No: / DD No: _____

Bank:_____ Date:_____

ADMISSION OFFICE:

_

Signature: _____ Date:_____/_____/ _____