



ADMISSION FORM BACHELOR OF ARTS(B.A) (FOR COMPUTER SECTION)

TO BE FILLED BY THE CANDIDATE	
Old Roll # (if any): _____	Note: The Admission Form must reach to the Controller office complete in all aspects according to the notification. Please note the admission form No., in case of any query mention your form no.
Term: Annual / Supplementary Year: _____	
For Office Use Only	
Roll No	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PASSPORT SIZE PHOTOGRAPH HERE (Paste with GUM) </div>
Building	

CENTRE AT WHICH TO BE EXAMINED (City Only)	TICK THE RELEVANT BOX		Regular Compartment	<input type="checkbox"/>	Additional Subjects	<input type="checkbox"/>
	Regular(Full)	<input type="checkbox"/>	Private Compartment	<input type="checkbox"/>	Fazil	<input type="checkbox"/>
	Private (Full)	<input type="checkbox"/>	Div. / Marks Improve	<input type="checkbox"/>	Wafaq-UL-Madaris	<input type="checkbox"/>

REGISTRATION # (IUB)																				
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CANDIDATE'S NAME																				
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(CAPITAL LETTERS)

FATHER'S NAME																				
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(CAPITAL LETTERS)

COLLEGE/DISTRICT NAME																				
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CNIC #.						-														
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MAILING / POSTAL ADDRESS																				
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PHONE #																				
MOBILE #																				

SUBJECT TO WHICH EXAMINED																															
3 rd YEAR	4 th YEAR																														
<table border="1"> <thead> <tr> <th>S. #</th> <th>Subject</th> <th></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>English Language Compulsory</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2.</td> <td>Islamiyat/ Ethics & Pak. Studies</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3.</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4.</td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	S. #	Subject		1.	English Language Compulsory	<input type="checkbox"/>	2.	Islamiyat/ Ethics & Pak. Studies	<input type="checkbox"/>	3.		<input type="checkbox"/>	4.		<input type="checkbox"/>	<table border="1"> <thead> <tr> <th>S. #</th> <th>Subject</th> <th></th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>English Language Compulsory</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2.</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3.</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3">4. OPTIONAL: _____</td> </tr> </tbody> </table>	S. #	Subject		1.	English Language Compulsory	<input type="checkbox"/>	2.		<input type="checkbox"/>	3.		<input type="checkbox"/>	4. OPTIONAL: _____		
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FEE	HBL Branch Name	HBL CHALLAN #	FEE PAID IN RS.	DATED

I declare that all above particulars are correct and that in case of any difficulty arising out of any inaccuracy therein I shall be responsible for consequences.

Dated: _____

Signature of Candidate: _____