



REGISTRATION FORM
THE ISLAMIA UNIVERSITY OF BAHAWALPUR
IUB SPECIAL GAT-GENERAL 2010

Affix a recent
 photograph
 1x1.5 Inches
 only

1. TEST CENTER

THE ISLAMIA UNIVERSITY OF BAHAWALPUR

2. NAME in full _____

(USE CAPITAL LETTERS)

3. FATHER'S NAME _____

(USE CAPITAL LETTERS)

4. CN.I.C. #

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(New Only)

5. DATE OF BIRTH

D	D	M	M	Y	Y

6. E-MAIL: _____

(Mandatory, most of the future correspondence will be done using e-mail address)

7. Gender

Male	Female
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8. CORRESPONDANCE POSTAL ADDRESS

(All correspondence will be made on this address through postal service)

_____ **CITY** _____ **POSTAL CITY**
 _____ **DISTRICT** _____

9. PHONE NO. (OFF) _____

(City Code-Phone No.)

(RES.) _____ Mobile _____

10. ACADEMIC RECORD

Certificate/ Degree	Major Subjects	Marks	Percentage	Board/ University
SSC / Equivalent				
HSSC / Equivalent				
Bachelors Degree (14 Years)				
Masters/ Bachelors (Hons.) (16 Years)				

UNDERTAKING BY THE APPLICANT

I _____ d/s/w of _____ do hereby solemnly affirm that the information given in this Registration form is true and correct to the best of my knowledge and belief. I fully understand that my false statement or omission/suppression of any material fact shall render me liable to disciplinary action and/or cancellation of my test.

Date: _____

Signature of the candidate: _____