



REGISTRATION FORM (SESSION-2021)

Name: _____

Father /Guardian Name: _____

Father /Guardian Occupation: _____

Father /Guardian Contact No.: _____

Paste your picture here

Student's Contact Number: _____ E-Mail ID: _____ Religion _____

CNIC/Form B No: _____ Date of Birth: _____ Blood Group: _____

Present Address: _____

Permanent Address: _____

❖ CONTACT IN CASE OF EMERGENCY:

Name: _____

Contact Number: _____

Address: _____

❖ Documents Attached:

i) Copy of CNIC/Form B

ii) Receipt (Received from Student Section)

iii) One Picture

iv) Copy of Matric & F.Sc. Result (O/A Level)

For Office Use Only:

Registration No: **2021-MC-** _____

Category: _____

❖ Section:- _____