GC University, Faisalabad

Allama Iqbal Road, 38000-Faisalabad www.gcuf.edu.pk

Ph. & Fax:+92 41 92001266 Exch. 9200066-70 Ext 127

REGISTRATION RETURN FORM (To be filled in by the applicant)

Programme\_

Affix your recent passport size photograph with light blue back ground duly attested from the front below the face after pasting.

Department												_															
Roll No(For office use only)		_																									_
Allotted Registration N (For registration branch only)	lo. (nc	t to k	be fille	ed ii	n by	the stu	dent)																				
Migration Certificate NoBoard / University (should be filled in by the candidate who does not belong to GC University, Faisalabad's territorial jurisdiction)																											
PARTICULARS OF THE STUDENT																											
Name (IN BLOCK LETTERS	3)			I																							
C.N.I.C. No.								<u>-</u>									-					<u> </u>					
Father's Name (IN BLOCK LETTERS)				Ī												I											
C.N.I.C No.								<u>-</u>									-					<u> </u>					
Date of Birth					[	Day	N	/lon	th				Ye	ar													
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Mark of Identification.																			 								
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Permanent Address																											
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## **Academic Record**

Certificate/ Degree	Roll No.	Passing Year	Examination (Annual / Supplementary)	Registration No.	Obtained Marks / Max. Marks	Board / University
Matriculation						
or Equivalent						
Intermediate or						
Equivalent						

Graduation or			
Equivalent			
M.A./M.Sc. /			
M.Com / LLB or			
Equivalent			
M.S./M.Phil			
Others			

**DECLARATION** I, solemnly declare that: The entries made in this form are correct. In case of any misstatement I may be held responsible. Date: \_\_\_\_\_ Signature of the Student Fee Details (for office use only): Bank Challan No. \_\_\_\_\_ Date \_\_\_\_ Amount \_\_\_ Branch Name: \_\_\_ It is verified that the student has submitted his/her fee. Date: \_\_\_ Signature of Fee Clerk The particulars of the student are correct according to the record furnished by him/her. Date: \_\_\_ Signature of Director / Chairperson / Incharge / Coordinator The student is registered for the said programme as per information provided by him/her and verified by the Director / Chairperson / Incharge / Coordinator. Date: \_\_\_\_\_ Signature of Assistant Registrar (Acad.)

For the Registrar