**REGISTRATION FORM**

|  |  |
| --- | --- |
| Name of University/Faculty |  |

Postgraduate

Federal/Provincially Chartered

Sector (Private/Public)

Name of Degree Program

Undergraduate

Initiation Year of Degree Program

Address

Office No. Area Code Number

Website

Page 1/2

Contact Person Name

Designation

Office Tel Mobile Number

Email Address

**Administration Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Administration** | **Name** | **Office No.** | **Mobile No.** | **Email Id** |
| Vice Chancellor/Rector/  Principal/Campus Director |  |  |  |  |
| Registrar |  |  |  |  |
| Director QEC |  |  |  |  |
| Director ORIC |  |  |  |  |
| Dean |  |  |  |  |
| HoD/Chairman |  |  |  |  |
| Focal Person of concerned Department |  |  |  |  |

**Students INTAKE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Last Four Years** | **No. of students**  **BS/B.Sc. (Hons.)** | **No. of students**  **MS/M.Sc. (Hons.)** |
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**Bank Draft/Cheque Details:**

**(Awareness Seminar Fee)**

**Form Filled By: Countersigned by: HoD/Dean**

|  |  |  |
| --- | --- | --- |
| **Name** |  |  |
| **Designation** |  |  |
| **Date** |  |  |
| **Signature** |  |  |