UNIVERSITY OF HARIPUR

Khyber Pakhtunkhwa

SEMESTER ADMISSION FORM

For Existing Students (Second Semester and onward), for All Programs

Attach One Passport Size Photograph (Compulsory)

Semester Spring / Fall 201_____

Study Programme BS/M.A/M.Sc **Morning/Evening** _____ **Roll No.** _____

Name of Department _____

Student Name (In Block Letters) _____

Student's CNIC No _____-_____-_____

Father's Name _____

Father's CNIC No _____-_____-_____

Domicile _____ **Tel No. (Landline)** _____

Cell No. (Mandatory) _____ **Email** _____

Religion _____ **Nationality** _____

Details of Courses passed from University of Haripur

S.No.	Semester No.	Semester (Fall/Spring)	Year	C/GPA Obtained	Grade	Marks Percentage%	Remarks
1	1		20				
2	2		20				
3	3		20				
4	4		20				
5	5		20				
6	6		20				
7	7		20				

Detail of Extra Courss/Semester to be availed in this Semester.

S.No.	Course Name	Semester No.	Failed / Repeat Improvement	Remarks
1				
2				
3				
4				
5				
6				

Address	Mohallah Street etc.	Post Office	Village/Town	Tehsil	District
MAILING					
PERMANENT					

Fee deposited Rs._____ Paid vide bank receipt No. _____Dated _____

(Original receipt is attached with this from).Write your Name, Father's Name Address, Programme and Semester on bank Challan

CERTIFICATE

I hereby affirm that I shall abide by the Rules and regulations of the university,including 80% attendance Rule, Non Smoking Campus Rule,Non indulgence in Politics and Strikes, Student Conduct and Discipline Rules.etc and that in case of any violation / breach of any Rules my admission shall be liabale to cancellation,and I will have no right to move any court against it.

Signature of Student

Name of HOD:.....

Signature:.....

Department:.....