

Mailing Address

Permanent Address

Student's Academic Record: (List the most recent first)

S.#	Degree /Diploma /Certificate	Name of Board	Year	Roll Number	Marks

Work Experience (if applicable) : (List the most recent first)

Organization Name	Position	From	To

Brother (s) & Sister (s) Studying at Shifa Tameer-e-Millat University:

Name	Campus/College	Registration No	Enrollment No	Semester / Year

I declare that the information supplied by me is correct. I agree to abide by the rules and regulations of the Shifa Tameer-e-Millat University. I understand that any falsification of information on my part may result in my ineligibility for registration.

Applicant's Signature

**Program Coordinator/ Principal/HOD
of the Institute / College**

Official Stamp

CHECK LIST (To be verified by the Registrar and Registration Section)

Make sure that you have deposited the attested photocopies of following documents where applicable with registration form.

1. National I. D Card/B.Form/Passport.
2. Matriculation Certificate or Equivalent Certificate
3. F. Sc. or equivalent Certificate
4. B.A/B.Sc./B.com Certificate
5. B.S/BBA Certificate
6. MBBS/BDS/Master Certificate

FOR OFFICE USE ONLY:

It is certified that Particulars given above have been verified from the original documents of the student.

Incharge Academic Affairs

Registrar