



Shifa Tameer-e-Millat University

شفا تعمیر ملت یونیورسٹی

UNIVERSITY REGISTRATION FORM

S. No. _____

Reg. Form No. 02

Please Paste One
Passport size
Photograph here. Do
not attest, overwrite
or stamp the
photograph.

FOR OFFICIAL USE ONLY	Date of Registration	<input type="text"/> - <input type="text"/> - <input type="text"/>
Registration #	<input type="text"/> / <input type="text"/> / <input type="text"/>	(dd) (mm) (yyyy)

Please type / hand print in CAPITALS legibly in black ink. Attach attested copies of degrees / certificates of academic qualification.

If previously a Student of STMU, Quote Registration #

<input type="text"/> / <input type="text"/> / <input type="text"/>
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College/Department _____

Intake Category: Fresh / Transfer

Program/Specialization

<input type="text"/>
<input type="text"/>

Session Year of Commencement

<input type="text"/>

Quota: Merit/Foreign/Industrial/_____

Gender: Male /Female

Program Duration:

<input type="text"/>

Year(s)

Student's Name:

<input type="text"/>

(As per SSC/Equivalent Certificate)

<input type="text"/>

Student's Mobile #: _____

Date of Birth:

(dd)	(mm)	(yy)
<input type="text"/>	-	<input type="text"/>
<input type="text"/>	-	<input type="text"/>

Student's E-mail: _____

<input type="text"/>

N.I.C / B-Form #: _____

<input type="text"/>

Nationality: _____

Passport #:

<input type="text"/>

(For Foreign students)

Father's Name:

<input type="text"/>

<input type="text"/>

Guardian's Name

(If other than father):

<input type="text"/>

<input type="text"/>

Father's / Guardian's Details:

NIC #:

<input type="text"/>

Mobile#:

<input type="text"/>

Office:

<input type="text"/>

Res #:

<input type="text"/>

E-mail: _____

<input type="text"/>

Exact Relationship: _____

Annual Income(Father/Guardian): _____

Current Postal 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

**Chairperson/ Principal / Head /Director of the
College/Department**

Official Stamp

FOR OFFICIAL USE ONLY

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. Bachelors or 14 years of equivalent education certificate
5. Bachelors or 16/17 years of equivalent education certificate
6. Masters or 18 years of equivalent transcript/degree (For PhD Only)
7. Admission Test Certificate/ Equivalent (For PhD Only)

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

Incharge Academic Affairs

Registrar