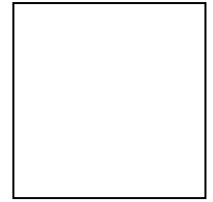




GOMAL UNIVERSITY

DERA ISMAIL KHAN, KPK, PAKISTAN



REGISTRATION FORM

Faculty: _____

Name: _____

Father Name: _____

Registration No: _____

National ID: _____

Department / Institute / College: _____ Program: _____

Academic Year: _____

Session: _____

Semester (Fall / Spring): _____

Semester No: _____

Details of courses to be registered

Course Code	Course Name	Credit Hours

Details of course(s) to be re-registered

Course Code	Course Name	Semester	Previous Grade

I hereby certify that particulars given above are correct. I promise to abide by the rules and regulations of the university / institute.

Date: _____

Student's Signature: _____

Comments of Program Coordinator: _____

For Office Use Only

Received Rs: _____

Receipt No.: _____ Date: _____

Office Clerk: _____

Chairman / Principal / Director