

GOMAL UNIVERSITY

DERA ISMAIL KHAN, KPK, PAKISTAN

REGISTRATION FORM

	Faculty:		_		
Name:		Father Name:			
Registration No:		National II	National ID:		
Department / Institute	/ College:	Program:			
Academic Year:	Session:	Session:			
Semester (Fall / Spring)	Semester N	Semester No:			
	Details of course		_		
Course Code	Credit Hours				
Course Couc	Course Name				
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	Details of course(s)	to be re-register	ed		
Course Code	Course Name		Semester	Previous Grade	
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I hereby certify that particuinstitute.	lars given above are correct. I pro	omise to abide by th	e rules and regula	ations of the university /	
	13. 11.5	ar Jan Jan	7		
Date:	Student's	s Signature:	ſ		
Comments of Program	Coordinator	28 D.			
Comments of Frogram	Coordinator.	1			
					
					
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E. Off. H. O.					
For Office Use Only Received Rs:					
Received Rs: Date: Chairman / Principal /				inal / Director	
Office Clerk:		CII	am man / F i iilC	ipai / Dii CCWI	
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