RIU/SSD/XX/SOP/001/F-01



STUDENTS REGISTRATION FORM

I may please be registered in the University. My particulars		CMS # :	
are as follows:		Registration No.	
Faculty:		Intake Session	
Program	Roll No	Date of Admission	
Transferred/Migrate	d Student: Yes/No		
PERSONAL DATA			
Stud	ent Name:		
Stud	ent CNIC #		
Fath	er/Guardian Name:		
Fath	er/Guardian CNIC #		
GENERAL INFORMATION	<u>1</u>		
Date of Birth:	Gender :	Martial Status :	
Religion:	Nationality:	Passport No:	
ADDRESS	,		
	G	A 1 11 6 CH	
House No :	Street No :	Mohalla/Village :	
District:	Province :	Cell No :	
Res Phone No :	Fath	ner Cell No :	
E-Mail :			
Academics Record			
Certificates/Degree	Statu	Percentage	
SSC/O' Levels			
HSSC/A' Levels			
Bachelor's Master's			
MS/M.Phil			