



UNIVERSITY OF AGRICULTURE, FAISALABAD
Confucius Institute (CI-UAF)
Chinese Language Admission Form – 2015
ONLY FOR UAF FACULTY, STAFF AND STUDENTS

FOR OFFICE USE ONLY

Application Form No. _____

Date of Receipt _____

Photograph
Passport Size

Name of Applicant: _____ Father Name: _____

Address: _____

Gender: Male/Female _____ Date of Birth: _____

Contact No.: _____ Email: _____

CNIC: _____ Faculty/Staff Designation: _____

If Student then Registration No. _____ Student: Undergraduate/Postgraduate

Degree: _____ Discipline/Department: _____

Faculty/Institute: _____

SIGNATURE OF THE APPLICANT

FOR DEPARTMENT USE:

Dean/Chairman/Director: _____

Signature/Stamp: _____

FOR CI-UAF USE:

Signature of Chinese Dean: _____ Date: _____

Signature of Vice Chairman: _____ Date: _____

Classes Schedule: Tuesday, Thursday and Saturday from 2:00pm - 4:00pm

INSTRUCTION FOR APPLICANTS

1. ALL ENTRIES IN THE FORM MUST BE **MADE IN BLOCK LETTERS** BY THE CANDIDATE **IN HIS/HER OWN HANDWRITING**
2. INCOMPLETE APPLICATIONS **WILL NOT BE ENTERTAINED**
3. ANY CANDIDATE FOUND TO HAVE MADE FALSE OR INCORRECT STATEMENT IN THIS FORM IS **LIABLE TO EXPULSION**