



UNIVERSITY OF AGRICULTURE FAISALABAD

Application Form for Registration as Registered Graduate

(For use by a Graduate of the University of Agriculture, Faisalabad/Former Punjab Agriculture College and Research Institute Lyallpur/ Constituent Colleges of University of Agriculture, Faisalabad).

The applicant shall fill the form in Block Letters in his/her own handwriting.

Name: _____ Father's Name: _____ University Registration #: _____ CNIC#: _____ Permanent Address: _____ Postal Address: _____ Contact Nos, Residence: _____ Office: _____ Cell: _____ E-mail: _____	Photograph
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Name of Degree Obtained	Year of Admission	Year of Passing	Name of Institution from which appeared in the Examination.

Date: _____ Signature of Applicant _____

I, _____ certify that this application has been signed by the applicant in my presence and that he is personally known to me.

Date: _____ * Signature with Seal of Attesting Authority: _____

- *Attesting Authorities:**
- (a) A Magistrate of the First Class or a Civil Judge or a Subordinate Judge or
 - (b) The Dean/Director/Principal of the constituent College/Chairman of the University Teaching Department and other University Officer (BPS 17& above) or an Ex-Officio member of the Senate.

Registration fee (Rs.500/-) paid in NBP UAF Branch AC #. _____ through Challan.

(TO BE FILLED IN BY THE OFFICE)

Certified that the applicant's fee of Rs.500/- was received vide Bank Challan _____ Dated _____

Dealing Official _____

Certified that the applicant was admitted to the Degree of _____
in the year _____. His/Her particulars have been verified & found Correct/incorrect.

Signature of dealing Official
Office of Controller of Examination. _____

Date: _____

Countersigned by Deputy Registrar (Examination)

Eligible for Registration (Yes/No) _____

In case Not eligible, Reason (s) _____

Deputy Registrar _____

Note: Attested copies of three passport size photographs, copy of CNIC and original copy of Bank Challan must be attached with the Application Form.



UNIVERSITY OF AGRICULTURE, FAISALABAD
(Coordination Section)

NOMINATION FORM

FOR THE ELECTION AS A MEMBER OF THE SENATE, FROM AMONGST THE REGISTERED GRADUATES, UNDER SECTION 22 (1) (XIX) OF THE UNIVERSITY OF AGRICULTURE ACT, 1973)

If a nominee, a proposer, or a seconder fails to comply with any of the provisions of statute-10 , 17 (1) , (1-A), (1-B), 17 (2) 19 (1), or 20 (2) of these statutes his nomination papers shall be declared invalid.

1. I, Mr./Dr/Ms. _____
(Give full name, qualification, Address and Title,

_____ if any, in block letters)
Registration No. _____ propose Mr./Dr. _____

_____ (Give full name, qualification, Address and Title,

_____ if any, in block letters)
Registration No. _____ for election as a member of the Senate,
University of Agriculture, Faisalabad.

Dated : _____ Signature of the Proposer

1. 2. I, Mr. Dr/Ms. _____
(Give full name, qualification, Address and Title,

_____ if any, in block letters)
Registration No. _____ Seconder the name of Mr/Dr.

Dated: _____ Signature of the Seconder

3. I, Mr. /Dr/Ms. _____
Give full name, qualification, Address and Title,

_____ if any, in block letters)
Registration No. _____ hereby give my consent to contest the
election.

Dated: _____ Signature of the Nominee

(1) Each nominee shall deposit as Security a sum of rupees on hundred, in cash in National Bank of Pakistan, University Branch and shall attach the receipt therefore with the nomination paper.

(2) Nomination should, without fail, reach the Returning Officer/ Registrar, University of Agriculture, Faisalabad) under registered cover, or handed over in person in sealed cover, by _____.