

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 College(s) 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 & 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.100/-) paid in NBP UAF Branch AC#.270-5 through Challan _____ Dated _____

(TO BE FILLED IN BY THE OFFICE)

Certified that the applicant's fee of Rs.100/- 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.