



Sindh Agriculture University Tandojam

DIRECTORATE OF ADMISSIONS

UNDERGRADUATE PROGRAM

ADMISSION/REGISTRATION FORM

FACULTY / INSTITUTE OF _____ Admission to Summer Session of _____ Reg.No. _____

To,

The Director (Admissions),
Sindh Agriculture University,
Tandojam.

I submit my particulars for seeking Admission/Registration as under:-

Two Recent
Photographs

1. NAME _____
2. FATHER'S NAME _____
3. SURNAME _____
4. N.I.C NO. _____
5. DOMICILE _____
6. PROVINCE/NATIONALITY _____
7. ENROLMENT NUMBER _____
8. ACADEMIC YEAR _____
9. MAJOR (DEPARTMENT) _____
10. MINOR (DEPARTMENT) _____
11. TELEPHONE NO. _____
12. PRESENT HOME ADDRESS _____
13. POSTAL ADDRESS _____

It is certified that above student is eligible for registration in 2nd term/semester of academic year 2020-21.

SIGNATURE OF STUDENT

1. Hostler
2. Non Hostler
3. Dues/No Dues _____

HOSTEL PROVOST

RECEIPT

Received application form duly complete in all respects form Mr./Miss _____ for his/her registration to Summer Session of _____ class challan No. _____ Dated: _____, during the academic session 2020-21.

NAME OF RECEIVING OFFICIAL&SIGNATURE _____