

UNIVERSITY OF SARGODHA
UNIVERSITY REGISTRATION RETURN SESSION: 20___ / 20___

COLLEGE ----- CITY-----CLASS-----

(Computerized Soft Copy Provide)

To be left blank (Registered Number) 1	Date of Admission 2	Class Roll No. 3	Candidate Name 4	Father's Name 5	Date of birth 6	Examination Passed		Registration Number assigned by the Board / University 9	Name of the Board/University 10	NOC Attached Yes/No 11	I.D Card size photograph Of the candidate with sky blue background 12
						Matriculation Intermediate, B.A/B.Sc, etc					
						Year 7	Roll No 8				

- Note:-**
1. Separate form should be used for each class.
 2. In case of a student migrating from any other University/Board Migration/Transfer certificate and the Certificate/Degree of the last examination passed by the student should also be submitted along with this form for confirming admission of such a student.

Certificate: Certified that the name, father's name, date of birth, Roll No. and Registered Number (if any) of each student noted in the Return are in accordance with the name and Registration Number as entered in the University / Board Gazette.

Principal Signature with College Seal.....

Dated...../...../20.....

Copy for Bank Use

Habib Bank Limited

Branch: _____

Registration & Affiliation Fee

Challan No: _____, Dated: _____

Credit: University of Sargodha, Sargodha
Account No: **042379003795-01**

College/Student Name: _____

Father Name: _____

Discipline: _____, Session: _____

Fall / Spring 20.....

No.	Particulars	Amount
1	Registration Fee	
2	Sports Fee	
3	Enrollment Fee	
4	University Share Current Session	
5	Late Fee Rs.400/-	
6	Late Fee Rs.500/-	
7	Late Return Fine Rs.100/-	
8	Late Return Fine Rs.300/-	
9	Late Return Fine Rs.500/-	
10	NOC / Migration Fee	
11	Duplicate Registration Card Fee	
12	Re-Instate Fee	
13	Visit Fee / Inspection Fee	
14	Special Fine	
15	University Share Part-II (20..../.....)	
16	Form Fee	
17	College to College Migration Fee	
18	University to University Migration Fee	
19	Any Other (give detail)	
20		
21		
22		
TOTAL		

Rs.in words:only

Officer

Cashier

Copy for Treasurer Office

Habib Bank Limited

Branch: _____

Registration & Affiliation Fee

Challan No: _____, Dated: _____

Credit: University of Sargodha, Sargodha
Account No: **042379003795-01**

College/Student Name: _____

Father Name: _____

Discipline: _____, Session: _____

Fall / Spring 20.....

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21		
22		
TOTAL		

Rs.in words:only

Officer

Cashier

Copy for Registration Branch

Habib Bank Limited

Branch: _____

Registration & Affiliation Fee

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Account No: **042379003795-01**

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Discipline: _____, Session: _____

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20		
21		
22		
TOTAL		

Rs.in words:only

Officer

Cashier

Copy for College / Student

Habib Bank Limited

Branch: _____

Registration & Affiliation Fee

Challan No: _____, Dated: _____

Credit: University of Sargodha, Sargodha
Account No: **042379003795-01**

College/Student Name: _____

Father Name: _____

Discipline: _____, Session: _____

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