



REGISTRATION RETURN

(Registration Branch, University of Sargodha)

Institution's Code: _____ **Institution's Name:** _____ **City:** _____ **Program:** _____
Session: _____ **To** _____ **Notification No & Date:** UOS/Aff./____/____/____ **Dated:** ____/____/____ **Allocation of seats:** _____

ACADEMIC QUALIFICATION

Registration No. (To be left blank). In case of already registered, mention registration number	Date of Admission	Class Roll No.	Name/Father's Name of Student & District	Date of Birth	CNIC	F.A/ F.Sc	B.A/ B.Sc	M.A/ M.Sc	Declaration (Eligible or ineligible as per eligible criteria of UOS)	NOC, CNIC and testimonial Cert./Degree duly verified attached (Yes or No)
1	2	3	4	5	6	7	8	9	10	11

Certificate: It is certified that all record provided by the Undersigned i.e name & father's name, date of birth roll No. and registration number (already registered student) noted in the above registration return are in accordance with the name and registration number as entered in the University/Board Gazette. Further the Undersigned checked and provided record of all eligible students complete in all respects as per university rules and regulations. If any discrepancies/deficiency/curries will be occurred the Undersigned will be responsible.

Pri:
Dat:

Annexure-A

Picture size (01 x 01) Blue background	Dealing person. Remarks if any (Curries/ Deficiencies)
12	13

ncipal/HOD Signature with stamp
ted _____/_____/_____