



MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST)

MIRPUR, AZAD JAMMU & KASHMIR

OFFICE OF THE REGISTRAR

Registration Return Form

Name of College: _____ Program: _____ Session: _____

Total Fee Submitted Rs: _____ Challan No. _____ Dated: _____ (Original Challan Attached) Total No. of Students: _____

S. No.	Student Name	Father Name	Date of Admission in College	College Roll No.	Gender M/F	Date of Birth <small>(As per Metric Certificate)</small>	SSC/HSSC/Bachelor/ Examinations Passed			(For Office Use Only)	
	<small>*As per Metric Certificate</small>	<small>*As per Metric Certificate</small>					Roll No	Year	Annual / Supp.	Registration No.	Remarks

Note: Certified that particulars of the above College students are correct, in case of student migration from any other Board/University Migration/Transfer Certificate and certificates of last Examination passed by the student should be also submitted along with this form from confirming admission of such a student.

Signature of College Principal: _____

Stamp

Assistant Registrar (General)