## MIRPUR UNIVERSITY OF SCIENCE AND TECHNOLOGY (MUST), MIRPUR

(AZAD JAMMU & KASHMIR)

## **UNIVERSITY REGISTRATION FORM**

Faculty	Institute / Department		
Name of Course / Programm	e		
Name of Student (Block lette	rs)		
Father's Name			
Domicile	Name of Examination	on (Last Passed)	
Roll No	Year of Passing	Session	
Name of Board / University fr	om which migration is obtaine	ed	
I have deposited University R	Registration fee Rs.		vid
Bank Challan No	Dated _		
I shall abide by the rules & re	gulations of the university.		
Dated:			
Dateu		Signature of Student	
Head of Department	Director of Students Affa	air Head of Faculty	
rioud of Dopartmont	Director of Otagorito 7 line	an Freda er Faculty	
Account Officer	Assistant Degistron (C)	Amazavad Dv	
Account Officer	Assistant Registrar (Ge	en) Approved By	
		Registrar	
		Registrai	
	For Official u	se Only	
Date of Entry	Registratio	on No	_

## NOTE:

- 3-Forms shall be filled in by the student and submitted to the office of the Head of Department.
- 2. The incomplete form shall not be entertained.
- This form shall be submitted once at the time of new admission / registration.