

Causal Student Enrollment Form

(1) Name of the Applicant: _____
(B L O C K L E T T E R S)

(2) Father's Name: _____
(B L O C K L E T T E R S)

(3) Regd. No: _____

(4) Department: _____

(5) Address: _____

(6) Religion: _____ (7) Nationality: _____

(8) Detail of Courses to be taken: _____

<u>S No</u>	<u>Course Code</u>	<u>Course Title</u>	<u>Semester</u>	<u>Credit Hrs</u>	<u>Failed/Improved</u>
1.					
2.					
3.					
4.					
5.					

Dated: _____

(11) **Certificate – I**

- (a) The applicant fulfills the conditions for eligibility laid down under the University of Chakwal rules and regulations entry-2020.
- (b) The Department make sure for the Casual registered Student(s), attend the classes and to take the Mid and End Semester Examinations.
- (c) The registration fee @ Rs. 5000/- per course will be required to be deposited by the candidates along with the Registration Form.

(Chairperson of the Department)

(To Be Completed Only If Permitted by the concerned Chairperson to Register as Causal Student)