UNIVERSITY OF ENGINEERING AND TECHNOLOGY TAXILA
DEPARTMENT OF ELECTRONICS ENGINEERING

SEMESTER REGISTRATION FORM

Registration for the (_____) Semester

Department of: __________________ Registration No.: __________________

Name of Student: ____________________________________________________
(In block letters)

Father Name: _______________________________________________________
(In block letters)

Permanent Address
____________________________________________________________________
____________________________________________________________________

Mailing Address
____________________________________________________________________
____________________________________________________________________

(Signature of Student)

It is verified that the particulars of the above mentioned student are correct as per this office record.

(Dealing Assistant)
Admission Office

CERTIFICATE OF THE STUDENT SECTION

Have you paid list installment of tuition fee? Yes/No (Tick one) Have you paid all fines, if any imposed on you? If Yes, give details. ____________________________

Have you received any scholarship? If Yes, give details. ____________________________

Do you have any fee concession? If Yes, give details. (Half Fee/Full Fee) etc. ____________________________

(Signature of Student)

Verified that the above mentioned particulars of the student are correct as per record.

Admin Officer Student Section

CERTIFICATION FROM THE CHAIRMAN OF THE DEGREE AWARDING DEPARTMENT

This is to certify that the above mentioned student is not under Suspension/Expulsion. He fulfills all the condition regarding the Promotion to the next term i.e. in (____) term.

CHAIRMAN