

APPLICATION FORM FOR ADMISSION ON SINDH QUOTA

Dated _____

PHOTO

PART-A/B

NAME _____

FATHERS NAME _____

DATE OF BIRTH _____

CNIC NUMBER _____

DISTRICT OF DOMICILE _____

CONTACT NUMBER _____

POSTAL ADDRESS _____

A) Academic Qualification:-

| S# | Certificate | Group | Name of the Board | Marks obtained/Total mark | Percentage | Year of Passing |
|----|---------------|-------|-------------------|---------------------------|------------|-----------------|
| 1. | Matriculation | | | | | |
| 2. | Intermediate | | | | | |

B) University Applied for

| S# | University | Choice of Technology |
|----|------------|---|
| 1. | | 1 st _____ 2 nd _____ 3 rd _____ |
| 2. | | 1 st _____ 2 nd _____ 3 rd _____ |
| 3. | | 1 st _____ 2 nd _____ 3 rd _____ |

SIGNATURE OF APPLICANT