



**COMSATS Institute of Information Technology**

COMSATS Road off G.T Road Sahiwal

Phone No: 040-4305001-3

**Microsoft Dream Spark Account**  
**Student Registration Form**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Registration #: \_\_\_\_\_

Semester: \_\_\_\_\_

Department: \_\_\_\_\_

E-Mail: \_\_\_\_\_

(NOTE: Please provide valid e-mail ID Hotmail/Gmail/Yahoo etc and attach copy of Student ID Card)

Mobile #: \_\_\_\_\_

Signature: \_\_\_\_\_

Approved by In-charge/HOD: \_\_\_\_\_

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**For IT Office Use Only**

Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_

*(Submit a filled copy of the form to Server Room)*