COMSATS University Islamabad, Sahiwal Campus (Student Support Center)

			Date:
	To, In-charge Student Suppo CUI, Sahiwal Campus.	rt Center,	
	Subject:	Undertaking fo	r Late Admission
			Son/Daughter of
	Resident ofdo hereby undertake the fo		
1)	That I am an applicant for a	admission in	Program of the semester
2)	That I will be considered for and merit. If admitted late	or admission in e then I will be respons articular course (s). I w	program only if I fulfill the eligibility criteria sible to maintain the class attendance of 80% of total ill have no objection, if my attendance become short
3)	·	·	ete the admission formalities for late admission with the semester
4)			nissions form at COMSATS University is not considered
5)	•	considered from the da	te of commencement of classes i.e
	Fee refund will be calculat the notified, policy.	ed according to above	mentioned date. No fee will be refunded other than
		Sign	nature of the Applicant:
			CNIC/Form-B #:

Coordination Officer (SSC)

In-charge Student Support Center

rm Serial No:	FA-	-G	/ SP-	-G
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COMSATS University Islamabad, Sahiwal Campus

COMSATS Road, off G.T Road, Sahiwal. Phone: 040-4305001-5

Application Form for Admission (Graduate Program)

•		 R bear	

Incomplete accepted

INSTRUCTIONS:

- 1. Please Complete this form in full. Do not omit any section.
- 2. Please write in BLOCK LETTERS. Your name and father's name should appear exactly the same as in your Matric Certificate.

Please attach Passport Size Photograph

	3. You are a		o apply f	or adm					hree	degr	ee		(At	ttested	from the	back)	
	, =											(_				ر
		SECTI	ON O	NE: (Perso	nal I	Deta	ail)									
Name of Applicant:																	
													П		\Box		
Father's Name:																	
Date of Birth: Gender: Male Female																	
CNIC / 'B' Form No.:		\dashv		ᅥ			Щ	\perp		_							
Self Father Nationality																	
Marital Status:	Single	_	arried			orce	L										
Religion:		Bl	ood Gr	oup:_			Don	nicil	e (D	istri	ct):_						
Current Postal Address	· Proc																
Current Postal Address	:																
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GRADUATE	GRADUATE MBA (2- Years) MS (Management Sciences) MS (Mathematics)																
PROGRAMS:	MS (Biosc	iences)		M	S (Comp	uter S	cienc	ce)									
PROGRAMS:	-				No 10 10 to		NO ALCO A	Victory v	20.00								
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Certificate/Degree N		Su	bjects		Passing	Year	Во	ard/	/Uni	versi	ity	Ma	rks O	bt.	Max	c.Ma	irks
SSC/Matric/ O-Level/ Eq				_											1		
HSSC/A-level/Equivalent				\rightarrow													
BA/BSc/Equivalent/ 14 Y				_													
Master/Equivalent/ 16 Y	'ears																
Any other																	
	SE	CTION	THRE	E (B): NTS	(GA	AT) [Deta	ail								
Date when test tak	en:			GAT	Roll No					(TAG	Test	Тур	е	GAT	Sc	ore
Note	e: Valid NTS t	est Score					ptabl	e for	this	appli	icatio	on.					
			SEC	TIO	N FOL	R											
Hostel Accommodation	n Required	:	Yes	No	Tra	anspo	ort F	acili	ty R	equ	ired	:	Yes		No		
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5.		App	iicatioi	TOTA	II IUI A	uiiiis	SIUN		0 r	C	iali	No.	ΕΛ	,	c / c	D	
Date:	-							Γ(or m	ser	idi i	10:	rA-	-(<u>G/S</u>	r-	-(-
Received By							_	Sig	nati	ure							

SECTION FIVE: Affidavit

AFFIDAVIT

(For Result Awaiting Candidates only)

I Soi	n/Daughter of
Resident of:	do
solemnly affirm and declare as under:	
a. That I am the deponent of the undertaking and hence to b. That I have appeared for	on in the
Examination. Failing which, my admission at CUI Sahiw admitted shall stand cancelled at any stage. e. That my provisional admission at CUI Sahiwal Campus secure minimum required marks for admission. In that cadeposited, except the refundable Caution Money.	shall automatically stand cancelled, if I am unable to
Name Signature	CNIC/"B" Form No Date
Parent's / Guardian's Name	Parent's / Guardian's Signature
Parent's / Guardian's CNIC #	Date
* Please mention the minimum percentage of requisite marks of the pro	gram in which you are applying.
SECTION SIX	: Undertaking
undertake that I have sufficient financial resources requisional sahiwal Campus. I also solemnly affirm, declare and undertake that: a. I shall abide by the rules and regulations enforced at Complete and the future. My admission may be eligibility criteria for the admissions. b. I shall conform strictly to the code of conduct for the state. I shall at all times show respectful behavior towards may be a shall at all times.	UI Sahiwal Campus at present and those which may be cancelled at any stage if I failed to fulfill the minimum tudents of CUI Sahiwal Campus. anagements, faculty and my fellow students.
Name of Parent/Guardian: Date:	Signature of Parent/Guardian:
Additional	Information
How did you come to know about the admission opportu	unity in COMSATS University Islamabad, Sahiwal Campus?
Newspaper: Banner: Social Network:	Friend: Any other: [Please Mention]
Check List:	
Two recent passport size photographs (one attested of two attested photocopies of your compterized Nation Two attested photocopies of all academic certificates Migration Certificate, (if applicable).	
Attested copy of letter of financial support by Fundin Any other relevant document (s).	g Agency, (if applicable).

Please Note:

- Merit lists of provisionally selected students will be notified on CUI Sahiwal Campus Notice Boards/Website as per the announced schedule.
- For more detail, you may visit <u>www.sahiwal.comsats.edu.pk</u>
 CUI is NO. 1 university of CS & IT by HEC, NO. 1 among Top 10 Universities in Pakistan by Nature Index,
 NO. 2 among all universities in the country in terms of Research Productivity and NO. 3 Universities in Pakistan in General Universities (Large) Category by HEC.

AS UNID		
		(CUI), Sahiwal Campus
(Commission on Sce	eince & Technology for Sustain Bank Copy	able Development in the South)
	Ванк сору	•
Branch Code:	D	ate:
	_	
Branch Name:		
Brunen Wante.		
(Please o	ONLINE DEPOSIT deposit fee in any branch	
(-15000)		COMSATS Sahiwal
	A/C Title:	+
HABIB BANK	A/C No.	2360-70000008-03
	Note: Ba	ank Service Charges (Free of Cost)
* Application Form will not be	e entertained without O	riginal Deposit Slip (CUI Copy).
Applicant's Name:		
Applicant's Name:		
Father's Name:		
CNIC/B Form No:		
Admission Form No:	Program	ո։
_		
Applicant's Phone No:	c	ell No.
Amount Rs: 2500/- Ar	mount in word: Rs.	Two thousand five hudred only.
	mount is non-refundable and	
Applicant Signature	Cashier	Officer

COMSATS University Islamabad (CUI), Sahiwal Campus (Commission on Sceince & Technology for Sustainable Development in the South)							
	Office Copy						
Branch Code:	Di	ate:					
Branch Name:							
ONLINE DEPOSIT SLIP (Please deposit fee in any branch of HBL in Pakistan)							
	Remot Branch:	COMSATS Sahiwal	ral				
® LIBI	A/C Title:	CUI Receipt					
HABIB BANK CHUP CHUP CHUP CHUP CHUP CHUP CHUP CHUP	A/C No.	2360-70000008-03					
Note:	Note: Ba	nk Service Charges (Free of Co	ost)				
Desired Bank Stamp is Required o Send Original Deposit Slip (CUI Co CUI Sahiwal. Application Form will not be enter	py) along Applicati	on Form to Admission Offi					
	Applicant's Name:						
Father's Name:							
CNIC/B Form No:							
Admission Form No:	Program	:					
Applicant's Phone No:	Ce	ell No.					
Amount Rs: 2500/- Amount in word: Rs. Two thousand five hudred only. (This amount is non-refundable and non-transferable)							
Applicant Signature	Cashier	_	Officer				

COMSATS University Islamabad (CUI), Sahiwal Campus						
	Candidate Cop	ble Development in the South)				
	- Canada Cop	,				
Branch Code:	Da	ate:				
Branch Name:						
ONLINE DEPOSIT SLIP (Please deposit fee in any branch of HBL in Pakistan)						
	Remot Branch:	COMSATS Sahiwal				
A LABI	A/C Title:	CUI Receipt				
HABIB BANK	A/C No.	2360-70000008-03				
Note:	Note: Ba	nk Service Charges (Free of Cost)				
Send Original Deposit Slip (CUI Co CUI Sahiwal. Application Form will not be ente						
Applicant's Name:						
Father's Name:						
CNIC/B Form No:						
Admission Form No:	Program	:				
Applicant's Phone No:	C	all No				
- Applicant of Hone Ho.						
Amount Rs: 2500/- Amount in word: Rs. Two thousand five hudred only. (This amount is non-refundable and non-transferable)						
Applicant Signature	Cashier	Officer				