

This form must be submitted by hand or through courier to Admission Office CIIT, Sahiwal alongwith Test fee Rs. 1000/- in cash or through challan



COMSATS University Islamabad, Sahiwal Campus

COMSATS Road, off G.T Road, Sahiwal. Phone: 040-4305001-5, 9200100

Registration form for NTS (GAT) Test



1. Admission Form No.

2. NTS Form Serial No.

G	A	T	-									
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3. Test Date:

		-			-						
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4. Test Center:

COMSATS University COMSATS Road, off G.T Road, Sahiwal.

5. Test Type (Fill only one Box for desired Test Type (Mandatory))

(A) Category GAT-A

GAT-A (Business Education)

GAT-A (Engineering & Technology)

(B) Category GAT-B

GAT-B (Arts & Humanities)

GAT-B (Social Science)

(C) Category GAT-C

GAT-C (Physical Sciences)

GAT-C (Agriculture & Veterinary Science)

GAT-C (Biological & Medical Science)

6. Personal Information (Use CPITAL Letters and leave space between words)

7. Name in Full:

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8. Father's Name:

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9. Candidates's CNIC #:

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10. Date of Birth:

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11. Gender Male Female

12. Postal Address:

_____ City: _____ 13. Email: _____

14. Phone No:

Res:

Mobile:

15. Office Use:

Form Received by: _____

Date: _____

Please attach one
Passport Size Photograph

(Attested from the back)



COMSATS University Islamabad, Sahiwal Campus

NTS (GAT) Test



Test Type:

G	A	T	-					
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Roll Number:

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Student's Name

Father's Name:

Test Date:

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Test Center:

COMSATS University COMSATS Road, off G.T Road, Sahiwal. Phone: 040-4305001-5, 9200100

Please attach one
Passport Size Photograph

(Attested from the back)

Instructions:

Reporting time for test is _____ AM _____ PM Sharp.

Candidate failing to produce Roll Number Slip would not be allowed to enter the examination hall.