**UNIVERSITY OF ENGINEERING & TECHNOLOGY, PESHAWAR**

**Department of Computer Science and Information Technology**

Tele: - (091) 9222276 Fax No: - (091) 9216663

**Form A (Bonafide Certificate)**

Name: F/Name: -

Registration No: Purpose: -

Remarks (if any):

**Student Sign Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note:-

1. Student concerned will be responsible for any misinformation provided in this form.

**(For Office Use Only)**

Diary/ Dispatch No:- Dated

Issued By: Issued Date: