



SUKKUR INSTITUTE OF BUSINESS ADMINISTRATION

REGISTRATION FORM FOR COMPREHENSIVE EXAMINATION

The Director
Sukkur Institute of Business Administration

Respected Sir,

I wish to appear in the Comprehensive Examination to be held on _____

I have deposited Rs. _____ in _____

Towards the examinations fee, Bank voucher is enclosed. _____

I declare that I am appearing in this examination for the _____ time.

First/Second/Third

I further declare that I have completed _____ courses and I do not have any deficiency in any basic/ prerequisite courses.

Kindly allow me to appear in the examination.

Your's obediently

Date: _____

Signature of the Applicant

Name: (in Block Letters) _____

Father's Name: _____

Program: _____ Year of completion: _____

Registration No. _____

CNIC No. _____

Male ☐ Female ☐

Postal Address: _____

Tel. _____ Mobile: _____

email: _____

FOR OFFICE USE

Pay order No. _____

Date: _____

Amount _____

Bank _____

Signature & Date

RECEIPT

Received registration form for Comprehensive examinations from _____
_____ on _____ along with bank voucher no.
_____ for Rs. _____

Signature