National University of Computer & Emberging Sciences, Islamabad Campus Registration Form for Convocation Friday, February 28, 2020

Name of Graduate (Block	Letters	s)																
CNIC #									-								-	
Batch:								<u>l</u>			1							
Roll No.:																		
Degree & Discipline:																		
Qualifying semester & ye	ear (La	ast se	emester)															
PTCL Telephone No.																		
Mobile Phone No.																		
Email (Other than FAST-NU)																		
Name of Employer's Org	anizat	 tion	•															
Designation:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																	
Office Address:																		
Home Address: Number of Guests:																		
(Two guests allowed only)																		
Detail of Guests:		Na	me of F	irst G	luest:													
	1	Relation with Grade				ıte:												
		CN	NIC#						-								-	
		Na	Name of Second Guest:									1						
	2	Re	lation w	ith G	h Graduate:													
			CNIC #						_									
				<u> </u>														
Fee Paid Rs.			Rec	ceipt =] F	ee Pa	id on	:		-	-	2 0	2 0
N. P				<u>De</u>	<u>tail (</u>	of att	ache											_
i) Fee Receipt					ii) Graduate Survey Form iv) Photocopies of CNIC of Guests											 		
iii) Campus Clearance Form	14.	\dashv						1V) P	hotoc	opies	of CI	NIC o	f Gue	sts				
v) Photocopy of CNIC of grad	auate																	
Signature of Graduate:					Date:													
					(for	office	use o	nly)										
Verified by Official of CAO:					Date:													
Signature of Dy. Manage	er Aca	den	nic					Date:										