

## Minhaj College For Women

## MINHAJ UNIVERSITY LAHORE



Serial No. \_\_

## Admission Form

Fall Spring Year Year	Date:				
Program of Interests:  Morning Ev  Border Day Sci	rening	Attach three recent passport size photographs			
Personal Details:					
Name:		_ Alumni  Yes  No			
CNIC No:	- Date of Birth				
Religion:	Nationality:				
Fill in the Capital letters & matching with	official documents.				
Contact Details;					
Postal Address for Correspondence:					
Domicile:	Province:City:				
Family Information:					
Father/Guardian Information; Name:Address:	CNIC No				
Occupation:	<del></del>				
Academic Record:					
Level of Name of School College or	Board/ Ohtaine	d Total Grade/			

Level of Education	Name of School, College or University	Board/ University	Year	Subjects	Obtained Marks	Total Marks	Grade/ Division



Kindly <b>1</b> tick. Attach two	attested photo copies of all	documents. Incomplete application form will not be considered.					
Student's Natio	nal ID Card	☐ Master Certificate					
Father's ID Card		Character Certificate					
Domicile	I	NTS/GAT/GRE Result Card if applicable					
O-Level / Matri	c Certificate	Completely Filled Statement of Purpose					
A-Level /Interm		Provisional Certificate or Roll No. Slip if result is awaited					
Bachelors Certificate  Three Photographs							
_	Undertaking:           ID/O						
1 I have i	minutely studied the cour	se of education system of the class					
	<ol> <li>I have minutely studied the course of education system of the class.</li> <li>I shell keep up Prayers Ramzan Fasts, Ablution to the best efforts</li> </ol>						
	abide by rules and regulat						
4. I shall	4. I shall cooperate with teachers, management to the best extent						
	abide by the attendance ru						
-		ollege, Hostel and Mass) with in due dates.  rty and obey all disciplinary rules of MCW					
	ot suffering from any infection						
The Contents of this u	The Contents of this undertaking are true and correct to the best of my knowledge and belief and nothing has been concealed						
	I understand that concealment or misrepresentation of facts can lead to my expulsion from the program.						
Signature of App	licant	Date					
Signature of Fath	Signature of Father/Guardian						
	_						
		or office use only					
	Total Marks:						
	Remarks:						
	Signature Incharge Test	Committee:					
Form no:							
Session Roll No	oll No Year/Semester						
Is admitted /not admitted to the class							
Signature							
Admission Incharge		<u>Principal</u>					
Date:							