|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | UMT.png | **UNIVERSITY OF MANAGEMENT AND TECHNOLOGY SIALKOT CAMPUS** |  | |  |  |

**Late Registration Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID No: | |  | |  |  |  | |  |  | | |  |  |  | |  |  | |  | | | | | | Date: | | | | D | D | M | M | | | Y | | Y | | Y | | Y |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name/Surname: | | | | | | |  | | | | | | | | First Name: | | | | |  | | | | | | | | Middle Name: | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program: | | |  | | | | | | | | | | | | | | | Semester: | | | | | | Spring 🞏 / Summer 🞏 / Fall 🞏 | | | | | | | | | |  | |  | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Credit Hours completed: | | | | | | | | | |  | | | | | | | | | | | | | CGPA: | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |
| Email: |  | | | | | | | | | | | | | | | | | | | | | Contact No: | | | | |  | | | | | | | | | | | | | | | | |

**Course(s) to be Registered:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr No** | **Course Code** | **Cr Hrs** | **Course Title** | **Section** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
|  | Total: |  |  |  |

|  |  |
| --- | --- |
| Reason of Late Registration: |  |
|  | |
|  | |

* Rs. 500/- per day fee is applicable as the late registration charges.
* Concern advisor will register the course after the payment of the late registration charges.

|  |  |  |
| --- | --- | --- |
|  | Student’s Signature: |  |

|  |
| --- |
|  |
|  |

*(For Office Use Only)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COD / Area Coordinator / Advisor Name:** | | | | |  | | | | | | | |
| Approved: | | 🞏 Yes | 🞏 No |  | | | | | Data Entry: | 🞏 Yes | 🞏 No |
| Signature: |  | | | | |  | Date: |  | | | | |

|  |  |
| --- | --- |
| ✂ |  |
|  |

|  |
| --- |
| **UNIVERSITY OF MANAGEMENT AND TECHNOLOGY - SIALKOT CAMPUS** |
| **Acknowledgement Receipt : Registration Form** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Semester: Spring 🞏 / Summer 🞏 / Fall 🞏 |  |  |  |  |  |  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | | | | |
| Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | | | | |
| Name of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Signature of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |