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| UMT.png | **UNIVERSITY OF MANAGEMENT AND TECHNOLOGYSIALKOT CAMPUS** |  |

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**Registration Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID No: |  |  |  |  |  |  |  |  |  |  |  |  | Date: | D | D | M | M | Y | Y | Y | Y |
|  |
| Last Name/Surname: |  | First Name: |  | Middle Name: |  |
|  |
| Program: |  | Semester: | Spring 🞏 / Summer 🞏 / Fall 🞏 |  |  |  |  |
|  |
| Email: |  | Contact No: |  |
|  |
| Subject: |  |

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

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

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

Instructions for Participants:

* Participants are advised to follow the Registration dates mentioned in Academic Calendar, and ensure that they get themselves registered during this period.
* Late registration fine is Rs. 500 per day, and this is also for a specific period as mentioned in the Academic Calendar. Please note that after the expiry of late registration dates, you shall not be allowed to register.
* Please collect acknowledgement receipt for your record from Batch Advisor.

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*(For Office Use Only)*

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| **Advisor Name:** |  |
| Approved: | 🞏Yes | 🞏No |  | Data Entry: | 🞏Yes | 🞏No |
| Signature: |  |  | Date: |  |

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

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