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

**Registration Form**

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

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

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| **Sr No** | **Course Code** | **Cr Hrs** | **Course Title** | **Section** |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | | | | |
| Name of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Signature of Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |