



**UNIVERSITY OF MANAGEMENT AND TECHNOLOGY
SIALKOT CAMPUS**

Registration Form (to be filled by Participant)

ID No:

Date:

Participant Name: _____

Semester: Spring / Summer / Fall

Program: _____ Email: _____ Contact _____

Course(s) to be registered:

Sr No	Course Code	Cr Hrs	Course Title	Section	To be Approved by Batch Advisor
1					<input type="checkbox"/> Yes <input type="checkbox"/> No
2					<input type="checkbox"/> Yes <input type="checkbox"/> No
3					<input type="checkbox"/> Yes <input type="checkbox"/> No
4					<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No
Total:					

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.
- **Make sure that your dues are paid, registration forms of fee defaulters will not be accepted by the batch advisor.**

(For Office use only)

Advisor Name: _____

Fee Defaulter: Yes No Approval: Yes No Data Entry: Yes No

Signature of Advisor: _____ Date: _____

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**University of Management and Technology, Sialkot Campus
Acknowledgement Receipt: Registration Form (to be filled by Batch Advisers)**

Semester: Spring / Summer / Fall

Date: _____

Participant's ID:

Participant's Name: _____

No. of courses registered: _____

No. of credit hours approved: _____

Name of Advisor: _____

Signature of Advisor: _____