



DIRECTORATE OF POSTGRADUATE STUDIES
UNIVERSITY OF ENGINEERING AND TECHNOLOGY
PESHAWAR, PAKISTAN

FORM RM-2

REGISTRATION FORM

Name (In Block Letters):			
Father's Name (In Block Letters):			
National Identity Card Number:			
Present Address / Mailing Address:			
			Phone:
Permanent Address:			
			Phone:
In case of emergency notify (Name & Address):			
			Phone:
Qualification (Highest Degree):			
Degree:	Grade / Division:		Year:
Institution:			
Experience:			
<u>Job Description</u>	<u>From</u>	<u>To</u>	<u>Position Held</u>
1			
2			
3			
Present Job Position (Employed, Unemployed, on Leave etc.):			
Name of Employer (If employed or on leave):			
Nature of Job:			
Job Status (Permanent/Temporary/Leave Vacancy etc.):			

Certificate:

I hereby declare that I will not directly or indirectly take part in any political or non political activity which is likely to cause indiscipline or disruption of the academic atmosphere in the University and that I will wholly devote myself to my study program to which I have been admitted. I understand that if at any time my conduct is not found satisfactory my candidacy may be cancelled.

Date: _____

(Signature of Applicant)

(Name in block letters)

Details of Fee Deposited

FORM C-2

Semester (Spring / Fall & Year):			
Fee Deposited:	Amount:	Receipt No:	Dated:
Fee Deposited:	Amount:	Receipt No:	Dated:
(Please attach original receipts)			

Course Work

Name:	Father's Name:
Department:	Specialization:
Attested photocopies of the documents required to be attached (for 1st semester only): BSc Engg Degree, Transcript, Photograph, Affidavit, NTS Result, PEC Registration, CNIC, Domicile, Migration Certificate, NOC from Employer.	

Details of Courses Registered

S.No.	Course No	Course Title	Credit Hours	Grade
(a)	Semester (Spring, Fall / Year):			
1				
2				
3				
4				
(b)	Semester (Spring, Fall / Year):			
1				
2				
3				
4				
(c)	Semester (Spring, Fall / Year):			
1				
2				
3				
4				
(d)	Semester (Spring, Fall / Year):			
1				
2				
3				
4				
(e)	Semester (Spring, Fall / Year):			
1				
2				
3				
4				
(f)	Semester (Spring, Fall / Year):			
1				
2				
3				
4				

Dated: _____

**Signature of Chairman
(or Authorized Person)**