



SKZMDC CONVOCATION 2022

STUDENT REGISTRATION FORM

REGISTRATION FEE CHALLAN NO. _____

DATE: _____

Name _____

S/O, D/O _____

Session _____ Class Roll No. _____

University Registration No. _____

CNIC/NICOP/Passport No. _____

Nationality _____ Correspondence Address _____

Tel No. _____ Mobile No. _____

Email _____

ACADEMIC RECORDS: -

Professional Exam	Attempt (Annual / Supply)	Total Marks	Marks Obtained
1 st Professional Part-I			
1 st Professional Part-II			
2 nd Professional			
3 rd Professional			
Final Professional			
			Total

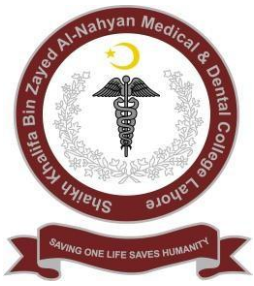
ACADEMIC ACHIEVEMENT (IF APPLICABLE), ATTACH DOCUMENTARY PROOF: -

a. University Position in Professional Examination (If Any):

Professional Exam	Session	Total Marks	Marks Obtained
1 st Professional Part-I			
1 st Professional Part-II			
2 nd Professional			
3 rd Professional			
Final Professional			
			Total

b. Distinction (Mention Subjects If Any):

Session	Subject	Total Marks	Marks Obtained

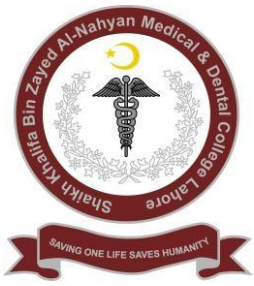


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c. Highest Marks in a Subject (If Any):

Session	Subject	Total Marks	Marks Obtained



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UNDERTAKING

I, Dr. _____ S/O, D/O, W/O _____
have cleared all my college dues.

I and my guests shall abide by the instruction and code of conduct of the convocation and maintain the decorum of the venue and will cooperate and follow the instructions of the management.

I solemnly affirm that the information provided is true and correct to the best of my knowledge and I shall not be allowed to attend the convocation if information is found to be incorrect.

Signature _____



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GUEST DETAIL

(Only Parents/Guardian of Medal Holders)

GUEST NO. 1: -

Name _____

S/O, D/O _____

CNIC/NICOP/Passport No. _____

Relation with Students: _____ Nationality _____

Correspondence Address _____

Tel No. _____ Mobile No. _____

GUEST NO. 2: -

Name _____

S/O, D/O _____

CNIC/NICOP/Passport No. _____

Relation with Students: _____ Nationality _____

Correspondence Address _____

Tel No. _____ Mobile No. _____