



CANCELLATION OF REGISTRATION FORM

ABBOTTABAD UNIVERSITY OF SCIENCE AND TECHNOLOGY

FORM - XI

PERSONAL INFORMATION

Applicant's Name:

Father's Name:

CNIC:

Address:

Contact No.:

ACADEMIC INFORMATION

AUST Registration No.:

Name of the Highest University Examination Passed:

Passing Year:

Roll No.:

Name of Institute (if recognized):

If Private Student(State the District):

Name of the University to which the candidate wants to migrate:

DUES DETAIL

Bank:

Bank Challan No.:

Date:

Rupees:

INSTRUCTIONS

1. This application form must be forwarded through Principal of the college last attended. Private Candidates may submit the form duly signed by Gazetted Officer or 1st Class Magistrate.
2. All the required particulars should be carefully filled in by the applicant. In case of incomplete form, the office will not be responsible for any delay.
3. For normal and urgent migration, the schedule of charges may be referred.
4. Attach attested copy of last D.M.C./ Transcript issued by Abbottabad University of Science & Technology.

Applicant's Signature

Signature and seal of the Principal of the College last attended:

Signature

Office Seal

May be allowed

Contersigned

Issued by

Dealing Assistant

Superintendent

Controller of Examinations

ACKNOWLEDGMENT

The migration form is received by _____ on _____.

You may collect your migration on _____.

Dealing Assistant Degree Section