



# STUDENT ENROLLMENT FORM

ABBOTTABAD UNIVERSITY OF SCIENCE & TECHNOLOGY

FORM - XV

## PERSONAL INFORMATION

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Applicant's Name:

Father's Name:

## ACADEMIC INFORMATION

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Session:

Program/Section:

Current Semester:

Roll No.:

### Current Semester's Subjects

Subject 1:

Status:

Subject 2:

Status:

Subject 3:

Status:

Subject 4:

Status:

Subject 5:

Status:

Subject 6:

Status:

Applicant's Signature

### Re-appear Subjects

Subject 1:

Semester(Imp/Retake):

Concerned Teacher Name:

Signature:

Subject 2:

Semester(Imp/Retake):

Concerned Teacher Name:

Signature:

## DUES DETAIL

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Amount Deposited:

Receipt/ Bank Draft No.:

Bank:

Branch:

Dated:

Signature and seal of Chairman/HoD of the Department:

Signature

Office Seal

Controller of Examinations