

UNIVERSITY OF SWABI

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BS ADMISSION FORM FALL-2024 (FOR LLB AND RESERVED/QUOTA SEATS ONLY)

Session			LLB/Quota:				Form No.	
Department				ı	Program of S	Study		
Name of Stude	nt		Gender Male Female					
Father's Name					Domi	cile		
Date of Birth		-	-	F	Religion	Natio	nality	
Father's/Guard	ian's CNIC		E-mail					
Father's / Guar	dian's Occ	upation			Contact	No		
Permanent Add								
Postal Address								
7 0010171001000								
			ACADE	MIC QUALIF	FICATION			
Certificate / Degree	Roll No.	Year	Marks Obtained	Total Marks	%age / CGPA	Subjects	Board /	/ University
Hafiz Quran	Yes	No						
The above info	rmation pro	ovided is corr	ect to the best	of my knowle	edge & belie	f.		
Tick one (✓) o	f the follow	ing.						
Hostel	Needed		Not Needed					
Transport	Needed		Not Needed					
					Stud	lents Signature		
Signature of the	o momboro	of Admissis		OFFICE USE	ONLY			
Signature of the			ni Committee		2			
1. Admission fee	paid vide re	eceipt No			3.	Dated	Chairmai	