



**UNIVERSITY**  
of  
**SWABI**

# UNIVERSITY OF SWABI

Phone: 0938-403744, Fax: 0938-490238

E-mail: [admissions@uoswabi.edu.pk](mailto:admissions@uoswabi.edu.pk)

Web: [www.uoswabi.edu.pk](http://www.uoswabi.edu.pk)

Paste  
Photo

## ADMISSION FORM

Session  Date  Form No.

Department ..... Programme of Study .....

Name of Student ..... Gender  Male  Female

Father's Name ..... Domicile .....

Date of Birth -- Religion ..... Nationality .....

Father's/Guardian's CNIC - E-mail.....

Father's / Guardian's Occupation..... Contact No .....

Permanent Address .....

Postal Address .....

## ACADEMIC QUALIFICATION

Certificate / Degree	Roll No.	Year	Marks Obtained	Total Marks	%age / CGPA	Board / University


The above information provided is correct to the best of my knowledge & belief.

Father's / Guardian's Signature \_\_\_\_\_

Students Signature \_\_\_\_\_

## FOR OFFICE USE ONLY

Signature of the members of **Admission Committee**

1.

2.

3.

4.

Admission fee paid vide receipt No.....

Dated .....