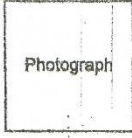


Form for Security Passes for Guests / Invitees



Part A

- 1) Name _____
- 2) Father's Name _____
- 3) NIC No. _____
- 4) Caste _____
- 5) Religion _____
- 6) Sect _____
- 7) Address
 - a. Present _____
 - b. Permanent _____
- 8) Date of Birth _____
- 9) Profession _____
- 10) Telephone No. Off _____ Res. _____ Mobile _____
- 11) Education _____
- 12) Criminal Record, if any _____
- 13) Reason/ Nature of visit during the Event _____
- 14) Three References

Sr. No.	Name	Father's Name	Address	Profession	Relation	Telephone
1.						
2.						
3.						

- 15) Affiliation with any proscribed organization (if any) _____
- 16) Whether borne on 4th schedule of ATA? _____
- 17) I hereby solemnly declare that the above stated information is correct in the best of my knowledge.
 Name _____ Signature _____

Part B

- 18) Host Organization / Agency
 Certified that information provided by him/her is correct to the best of my knowledge Moreover, the person is emotionally stable and nothing adverse against his/her conduct has come to notice, which may be hazardous from security point of view.
 Name _____ Signature _____

NATIONAL UNIVERSITY OF MODERN LANGUAGES

CONVOCATION REGISTRATION FORM
To be held in APRIL, 2020

1x1 photo with
blue back ground

Name _____

Father's Name _____ (In capital Letters)
CNIC No _____

Cell No: _____ Email Address: _____

Discipline/Programme: _____ Roll No _____

Registration No: _____ Degree Completion Date: _____

Session _____ Last Exam Held _____

Convocation Fee Challan No: _____ Dated _____

Mailing Address: _____

Telephone No _____ No, of Guests (Parents/Spouse Only) _____

Name of Guest 1: _____ CNIC No _____

Present Address & Contact Telephone No _____

Name of Guest 2: _____ CNIC No _____

Present Address & Contact Telephone No _____

Signature of Student

IMPORTANT NOTE:

The following documents MUST be attached with this form:

1. Copy of CNIC of Student / Guests.
2. Fee Challan (University copy)
3. Copy of Last Passing Degree / Certificate

To be filled in by the Exam Branch.

Checked by:

Desk Incharge

Dated: _____

Verified by:

Superintendent / Asstt. Director

Dated: _____

FOR SECURITY PASS

1x1 Photo with blue
back ground

Name _____

(In capital Letters)

Father's Name _____ CNIC No _____

Discipline/Programme: _____ Roll No _____

Registration No: _____ Session _____

Degree Completion Date: _____ Last Exam Held _____

Mailing Address: _____

Telephone/Cell No _____ No. of Guests (Parents/Spouse Only) _____

Name of Guest 1: _____ CNIC No _____

Present Address & Contact Telephone No _____

Name of Guest 2: _____ CNIC No _____

Present Address & Contact Telephone No _____

Part-C

Special Branch Report

Name of Reporting Officer _____

Signature _____

Decision of Competent Authority:

Note: Officer not less than the rank of DSP will decide whether to issue or not to issue a security pass.