

PROFORMA FOR TRANSFER OF STUDENT (FROM REGIONAL CAMPUSES)

	Application Date:						
1. Student De	tails:						
Name of student:							
Father's Name &							
permanent address (attach CNIC copy):							
System ID:			Registration	No:			
Course:	Cu		Current Sem	Current Semester			
Current Campus:	Name of to be Tra						
Shift (Morning/Evening)				•			
Result of Previous	GPA			CGPA	<u> </u>		
Semester(s):							
Contact Nos.				Email:			
Reason for transfer:				l		II.	
(Attach evide	lence of transfer of fa	ther/husba	and on letter h	ead paid	of parent De	ept along wi	th Affidavit)
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FATHER/HUSBAND'S SI	GNATURE					ST	UDENT'S SIGNATURE
2. Head of De	partment:						
Attitude/Behaviour of	Student:						
Any disciplinary case attach evidence	, if so						
Clearance of dues till (duly attached latest							
challan) Views/comments after	er						
verification							
	-						
							ead of Department
		10:				(5	signature with date)
	ndation of Region	ial Direc	itor:				
Recommendations w Justification:	ith						
L							
Deputy Director (Acad	i)					REGI	ONAL DIRECTOR
							(signature with date)

Director Academics