REGISTRATION FORM
THE ISLAMIA UNIVERSITY OF BAHAWLPUR
IUB SPECIAL GAT-GENERAL 2010

1. TEST CENTER
THE ISLAMIA UNIVERSITY OF BAHAWLPUR

2. NAME in full
_____________________________________________________________
(USE CAPITAL LETTERS)

3. FATHER’S NAME
___________________________________________________________
(USE CAPITAL LETTERS)

4. CN.I.C. #
___________________________________________________________
(New Only)

5. DATE
OF BIRTH

6. E-MAIL:
____________________________
(Mandatory, most of the future correspondence will be done using e-mail address)

7. Gender
Male       Female

8. CORRESPONDANCE POSTAL ADDRESS
___________________________________________________________
(City Code-Phone No.)

9. PHONE NO. (OFF) ___________________ (RES.) __________________ Mobile________________

10. ACADEMIC RECORD

<table>
<thead>
<tr>
<th>Certificate/ Degree</th>
<th>Major Subjects</th>
<th>Marks</th>
<th>Percentage</th>
<th>Board/ University</th>
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<tbody>
<tr>
<td>SSC / Equivalent</td>
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<tr>
<td>HSSC / Equivalent</td>
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<tr>
<td>Bachelors Degree (14 Years)</td>
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<tr>
<td>Masters/ Bachelors (Hons.) (16 Years)</td>
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UNDEARTAKING BY THE APPLICANT

I ____________________ d/s/w of _________________________ do hereby
solemnly affirm that the information given in this Registration form is true and correct
to the best of my knowledge and belief. I fully understand that my false statement or
omission/suppression of any material fact shall render me liable to disciplinary action
and/or cancellation of my test.

Date: _____________   Signature of the candidate: _____________

Affix a recent photograph
1x1.5 Inches only