Balochistan University of Information Technology, Engineering & Management Sciences
BUITEMS
Quality & Excellence in Education

F-12/QSP/SAA/15/01

PROFORMA FOR "REGISTRATION CARD"

Please tick √ any one: ☐ ORIGINAL   ☐ DUPLICATE   ☐ REVISED

(PARTICULARS TO BE FILLED BY THE STUDENT)

1. CMS ID # : _____   2. Session : _____

3. Name: _____   4. Father's Name : _____
   (as per SSC Certificate)   (as per SSC Certificate)

5. Faculty: _____   6. Program of Study: _____

7. Contact #: _____

Dated:____/____/____

_____
Signature of Student

Note:Please attach the following attested documents:

- **Metric Degree / SSC Certificate** - 01 **Copy**

- **Correction Letter from Board or any other authority in case of Name / Father Name Correction (If applicable)**

FOR OFFICE USE ONLY

Registration Card prepared by: _____ on _____

Designation of the Official: _____ Signature: _____

REGISTRATION CARD COPY AFTER ISSUANCE

RECEIVING OF REGISTRATION CARD

Registration Card received by (Student himself / herself OR Authorized person):

Name : _____   Contact # : _____

Date of receiving : _____   Signature: _____