



WOMEN UNIVERSITY SWABI

Khyber Pakhtunkhwa-Pakistan
Website: www.wus.edu.pk, Phone No: 0938-221139, 221191
Email: admissions@wus.edu.pk

Please Affix Recent
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 Photographs

ADMISSION FORM

BS (4-Years) / BBA (Hons) / LLB (5-Years) PROGRAMS
Fall Semester-2020

1. APPLYING FOR PROGRAM : (please tick any one) :

BS

BBA (Hons)

LLB

Department: _____

2. Seeking admissions on (please tick any one) :

Open merit

Sports

Hafiz Quran

Reserved Seat (please tick any one):

Newly merged districts of KPK (FATA)

Balochistan

Overseas Pakistani

Afghan National

Disable

Minority

3. Personal Information:

Name of applicant (in Block Letters): _____
 As per Secondary School Certificate (SSC)

Father's Name (in Block Letters): _____
 As per Secondary School Certificate (SSC)

Applicant's CNIC Number: (or Form 'B' must be attached): _____

Father's CNIC Number: (Photocopy of CNIC must be attached): _____

Date of Birth: (as per Secondary School Certificate (SSC)): _____

Religion: _____

Nationality: _____

Blood Group: _____

Marital Status: _____

Nationality other than Pakistani (if any): _____

Passport Number (for foreign nationals (attach a copy): _____

Visa Validity dates and NOC (attach copies): From: _____ to: _____

Postal Address: _____

Permanent Address: _____

Domicile: _____ Province: _____

Email: _____ Telephone/Mobile: _____

Emergency Contact Number, parents or guardian (Mandatory):

Name: _____

Telephone/Mobile: _____

4. ACADEMIC RECORD OF ALL PREVIOUS EXAMINATIONS PASSED

S#	Examination Passed	Academic Year	Annual/ Supply	Obtained Marks	Total Marks	Division/ CGPA	Board
1	SSC or equivalent						
2	HSSC (FA/FSc.) A level/ O Level						

College/ School Last Attended: _____

Board Registration No: _____

Details of siblings (already enrolled in Women University Swabi)

S.No.	Name	Semester (Current)	Department
1.			
2.			
3.			

Do you want Transport Facility: _____

If Yes then your Routes to University: _____

Declaration:

I solemnly declare that all the entries made in the admission form are correct to the best of my knowledge and belief and also according to the academic credentials and nothing has been kept concealed. I shall abide by the rules and regulations made and notified by the University from time to time.

I also declare that in case of any documents provided found forged/ fake at any stage, my admission shall stand as cancelled with immediate effect.

Signature of the Applicant: _____ **Signature of Father/ Guardian:** _____

Dated: _____

For Office Use Only

1. Provisional Admission approved on (Please tick any one):

Open merit Sports Hafiz Quran

Reserved Seat (please tick any one):

Newly merged districts of KPK (FATA) Balochistan Overseas Pakistani
 Afghan National Disable Minority

In Department: _____

Departmental Admissions committee:

HoD/ Chairperson (Name):	Signature with Date:
Senior Faculty Member (Name):	Signature with Date:
Senior Faculty Member (Name):	Signature with Date:
Senior Faculty Member (Name):	Signature with Date:

2. Admission Section

Date of Admission: _____ Session: _____

Semester: _____ Program of Study: _____

Department: _____ Faculty: _____

Enrollment No: _____ Registration No: _____

Assigned Dealing Assistant (Name):	Office Assistant (Name):
Signature with Date:	Signature with Date:

Date: _____

***Incharge Admission Section
Women University Swabi***