Form No. _____

Dept entry No. _____



WOMEN UNIVERSITY SWABI

Khyber Pakhtunkhwa-Pakistan

Website: www.wus.edu.pk, Phone No: 0938-224222

Email: admissions@wus.edu.pk

Please Affix Recent Passport size Photographs

ADMISSION FORM

Bridging Semester (Spring-2024)

(Only for BA/BSc Degree Holders)

1. Department:			
2. Seeking admissions	on (please tick the rele	vant category):	
Open merit	Sports	Hafi	iz Quran
Newly merged distr	ricts of KPK (FATA)	Baluchistan	Overseas Pakistani
Afghan National	Disable	Minority	Gilgit Baltistan
3. Personal Informati	on: (please fill out the fo	orm carefully and prov	vide all the required information)
Name of applicant (in Bloo As per Secondary School Certifi	ck Letters):		
Father's Name (in Block L As per Secondary School Certifi	Letters):cate (SSC)		
Date of Birth: (as per Seco	ndary School Certificate (S	SC) :	
Applicant's CNIC Number	r: (or Form 'B' must be atta	ched):	
Father's CNIC Number: (I	Photocopy of CNIC must be	attached):	
Religion:		Marital Status:	
Blood Group:		Nationality:	
Nationality if other than Pa	kistani:		
Passport Number (for forei	gn nationals (attach a copy)	:	
Visa Validity dates and NC	OC (attach copies): From:	to:_	
Postal Address:			
Permanent Address:			
Domicile:	Provinc	ee:	

Ema	il:		Telepho	ne/Mobile:					
Eme	ergency Contact Number	, parents or §	guardian (Mandatory):					
Nam	Name:Telephone/Mobile:								
4.	ACADEMIC RECORD								
S#	Examination Passed	Academic Year	Annual/ Supply	Obtained Marks	Total Marks	Division/ CGPA	Board/ University		
1	SSC/O Level								
2	HSSC (FA/FSc.)/A Level								
3	BA/BSc								
Insti	Institute Last Attended:								
Boar	d/University Registration	No:							
Deta	ils of siblings (already er	rolled in Wo	men Univ	ersity Swabi)					
S.No	. Nan	Name		Semester (Current)		Department			
1.									
2.									
Do v	ou want Transport Facilit	v?		If Yes specify	the route:				
,	r	<i>y</i> -							
I — correct nothin Unive I also	et to the best of my knowing has been kept concealersity from time to time. declare that in case of any stand as canceled with immediate the concealer of the	wledge and bed. I shall abi	elief and and and de by the brovided ar	also according rules and regu	to the acade lations made	emic credential and notified	als and by the		
	Signature of the Applicant:								
Signature of Father/Guardian: Date:									

Only for Office Use

ii. 1.	Reserved Seat (Please Specify) DEPARTMENTAL ADMISSIONS COMMITTEE:				
I.	Name:				
	Designation: —				
	Signature:				
II.	Name:				
	Designation:				
	Signature:				
III.	Name:				
	Designation: —				
	Signature: —				
Verific	ed by HoD/ Chairperson		Name:		
, 02 222	ou sy 1102, Champerson		Designation:		
			Signature: Date:		
Adm	ission Section				
Date o	f Admission:	Session:		Semester:	
Progra	m of Study:	Departmen	ıt:	Faculty:	
Admis	sion Record Number:		<u> </u>		
men U	Assistant University Swabi es with Date			Director Admissions Women University Swabi Signatures with Date	

2.

CHECKLIST FOR ADMISSION FORM (Please tick **☑** for the attached documents duly attested)

1	Receipt of bank (Processing) fee @ Rs. 500/ Form	
2	CNIC of the candidate/ Form 'B'	
3	CNIC of the parent/guardian	
4	03 recent passport size photos (duly attested on the back side)	
5	SSC, F.Sc/ FA/ ADE (DMCs /Certificates)	
6	Character certificate from the head of the Institution last attended	
7	Original Hafiz ul Quran certificate/ Sports Certificate	
8	Domicile certificate	
9	Undertaking on A4 paper as per specimen available at Women University, Swabi website must be submitted along with the application form	

Note:Please submit a separate form along with a complete set of (attested) documents and receipt of bank fee in case of applying in more than one department