

STUDENT INFORMATION UPDATE FORM

Students Name:	
Reg. No.:	
Department:	
Program:	
Batch:	
UPDATION REQUIRED IN	
OLD INFORMATION	NEW INFORMATION
Name:	Name:
Father Name:	Father Name:
Date of Birth:	Date of Birth:
CNIC No.:	CNIC No.:
Telephone Number(s):	Telephone Number(s):
Mobile Number(s):	Mobile Number(s):
E-mail Address:	E-mail Address:
Current Address:	Current Address:
Note: Attach relevant documents please.	
Charlent Cinner town	Data
Student Signature:	Date:
Approved By:	
(ED & Registrar)	Date:
CMS Updation Status:	Posting
	Posting Status
Posted by: Date:	