

Picture Paste
with Gum
not with
stapler

UNIVERSITY OF SHANGLA



STUDENT ID CARD FORM

Fill the Form and return it to your department for Entry

Name		Father Name	
Department		Date of Birth	
Session		Discipline	
Cell No		Emerg. No	
Gender		CNIC No	
Blood Group		Domicile / Place of Birth	
Address:			

Fee Rs. 500/- Bank of Khyber, Alpuri Branch Account No: 305714353 Date: _____

Signature of Student: _____ Signature of HOD: _____

Dealing Clerk/Assistant Signature: _____ Card Receiving Date: _____

UNIVERSITY OF SHANGLA

AKNOWLEDGMENT

Name		Father Name	
Department		Session	
Discipline		Cell No	
Gender		Address	

Dealing Clerk/Assistant Signature: _____ Card Receiving Date: _____

1. Please note that a Duplicate Identity Card Fee of Rs. 1000/- will be charged, and an affidavit must be submitted to the office of the undersigned in such cases.
2. Bring this receipt, while collecting your student ID card.