

UNIVERSITY OF AZAD JAMMU AND KASHMIR MUZAFFARABAD

Directorate of Advanced Studies & Research

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1. Department /Institute
2. DASR
3. Controller of Examinations

POSTGRADUATE COURSE REGISTRATION FORM

Enrolment to (spring/ autumn/summer/winter) _____ Semester, 20_____

commencing on _____ Department/ Institute: _____ Faculty: _____

Name: _____ Father's Name: _____

Degree: _____ Semester No.: _____ Session: _____

Registration No.: _____ Date of first Admission: _____

Status (please tick the appropriate box)

- a) Regular Student c) Part Time
d) Full Time (on study Leave) d) HEC Scholar

Course Code	Credit Hours	Course Title	Instructor Name and Signature
Total Credit hours			

Signature of Student

Signature of Supervisor

Fee Paid Rs. _____ Vide Challan No: _____ Dated: _____

Bank/ Branch: _____ Signature of Fee Assistant/Clerk.: _____

Chairman/Director

Dean, Faculty of _____

Director Advanced Studies & Research