



THE UNIVERSITY OF AZAD JAMMU & KASHMIR

DIRECTORATE OF STUDENTS' AFFAIRS

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Application form for Student Hostel Card

(PLEASE FILL IN BLOCK LETTERS)



Applicant's Name:	<input type="text"/>
Father's Name:	<input type="text"/>
CNIC #:	<input type="text"/>
Program:	<input type="text"/>
Department:	<input type="text"/>
Session:	<input type="text"/>
Semester:	<input type="text"/>
Hostel Name:	<input type="text"/>
Room #:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>
Permanent Address:	<input type="text"/> <input type="text"/>

I hereby solemnly declare and affirm that the information provided by me in this form is true and correct to the best of my knowledge. In case of any mistake/error in the information provided by me, I'll be responsible for that.

Applicant's Signature

Warden's Signature & Stamp

DIRECTOR
STUDENTS' AFFAIRS