

KARACHI INSTITUTE OF ECONOMICS AND TECHNOLOGY
COMPREHENSIVE EXAMINATION
REGISTRATION FORM

STUDENT'S INFORMATION

REGISTRATION NO:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STUDENT NAME:	<input style="width:100%;" type="text"/>										
DEGREE PROGRAM:	<input style="width:100%;" type="text"/>										
BATCH / TERM:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CAMPUS :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STUDENT'S ACADEMIC INFORMATION

CGPA:	<input style="width:100%;" type="text"/>
NO OF COURSES PASSED:	<input style="width:50%;" type="text"/>
NO OF COURSES LEFT:	<input style="width:50%;" type="text"/>
PROJECT PASSED:	YES <input type="checkbox"/> NO <input type="checkbox"/>
INTERNSHIP DONE:	YES <input type="checkbox"/> NO <input type="checkbox"/>

STUDENT'S CONTACT INFORMATION

ADDRESS :	<input style="width:100%;" type="text"/>
TELEPHONE (RES):	<input style="width:100%;" type="text"/>
TELEPHONE (OFF):	<input style="width:100%;" type="text"/>
MOBILE #:	<input style="width:100%;" type="text"/>
EMAIL:	<input style="width:100%;" type="text"/>
STUDENT'S SIGNATURE	DATE

FOR OFFICE USE ONLY

<p>Registration Office:</p> <p>Approved: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Manager R&E: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Accounts Office:</p> <p>Payorder of Rs. 3000/- received:</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name of Acc Officer: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>Accounts Office:</p> <p>Outstanding Balance:-</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, Then How Much: _____</p> <p>Name of Acc Officer: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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Note:

- 1- This registration form will be initiated by student for appearing in comprehensive exam.
- 2- After payment the form must be submitted to the Registration Department.
- 3- Accurate information should be provided, no duplication accepted.
- 4- Institute can change schedule date of comprehensive examination at any time
- 5- Student should ensure that no fee is outstanding against him/her. In case of outstanding fees, student will not be allowed to appear in Comprehensive Exam.