MY University

Student’s Information for University Card

(To be filled in and submitted by the student)

|  |  |
| --- | --- |
| Department\* |  |
| Name\* |  |
| Father Name\* |  |
| Date of Birth\* |  |
| CNIC\* |  |
| Blood Group\* |  |
| Emergency Contact Number\*  |  |
| Cell Number |  |
| Address\* |  |

**For Office Use**

|  |  |
| --- | --- |
| Registration # |  |
| Issued Date |  |
| Valid Up To |  |

Please attach clear & front face photograph.

If not have hard copy then email a soft copy **to zawar.ahmed@myu.edu.pk** or WhatsApp at **0300 8859 668** with Retration Number of Name.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature