THE UNIVERSITY OF FAISALABAD

Confucius Institute (Sub-Set) TUF

ADMISSION FORM

Form # _____

Rs. 500/- Only

FOR CI (SUB-SET)-TUF USE:

Name of Applicant: _____ Class _____

Date of Reciept _____ Contact No: _____

Fee Rs: _____ Bank Challan No: _____ Date: _____ Clerk Signature _____

The University of Faisalabad

Sub-Set TUF

THE UNIVERSITY OF FAISALABAD

Confucius Institute (Sub-Set) TUF

ADMISSION FORM

Form # _____

Rs. 500/- Only

Non-refundable/transferable

ONLY FOR STUDENT USE:

Name of Applicant: _____ Class: _____

Father Name: _____

Address: _____

Gender: Male/Female Date of Birth: _____ Contact No: _____

Parents Contact _____ Email: _____

CNIC # & copy attach: _____ Designation: _____

If student then Roll # / Registration # _____

Degree: _____ Discipline/Department: _____

Photograph

Passport Size

SIGNATURE OF THE APPLICANT

Faculty/Institute: _____

Dean/HoD: _____

FOR CI (SUB-SET)-TUF USE:

Fee Rs: _____ Bank Challan No: _____ Date: _____

Signature of Director: _____

Clerk Signature _____