

**MS-1A**  
**Provisional Admission Form**  
**(MBA/MS/LLM/MPhil Programs)**

SEMESTER: \_\_\_\_\_ Date: \_\_\_\_\_ S.NO. \_\_\_\_\_

APPLICATION NO: \_\_\_\_\_ PROGRAMME APPLIED FOR: \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CAMPUS \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

PREVIOUS BU REGISTRATION No (IF ANY): \_\_\_\_\_

**PRELIMINARY VERIFICATION BY DEPARTMENTAL ADMISSION COMMITTEE****Eligibility Criteria Check:**

CGPA/%age in Masters/Bachelors/ equivalent degree \_\_\_\_\_

The following documents of the candidate were checked and verified.

- |   |  |
|---|--|
| a. CNIC   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. SSC / O level (IBCC equivalence)   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. HSSC / A Level (IBCC equivalence)  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Masters/Bachelors/ Equivalent (HEC Verified)                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Affidavit (If result of Masters/Bachelors or Equivalent final semester is awaited) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature \_\_\_\_\_

Faculty Name \_\_\_\_\_

 Selected Rejected

If rejected, please mention reasons: \_\_\_\_\_

**Deficiency Courses (if any)** \_\_\_\_\_

The candidate has been interviewed for the admission in \_\_\_\_\_ Program. Fee slip to above mentioned candidate may please be issued. Fee deposit date cannot be extended/ amended by account section. **Last date for fee submission is** \_\_\_\_\_. Extension in fee submission date is not allowed.

Signature \_\_\_\_\_

Faculty Name \_\_\_\_\_

Signature \_\_\_\_\_

Faculty Name \_\_\_\_\_

Signature \_\_\_\_\_

**Head of Department****FINAL VERIFICATION BY ADMISSION OFFICE OF CAMPUS**

<b>Stamp</b>	Signature _____ Name _____ (Admission Office Staff)
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**Manager (Accounts)**

Issued By \_\_\_\_\_

**Note:**

Only admissions department of CU is authorized to extend/amended the fee deposit due date.