The Benazir Bhutto Shaheed

University of Technology and Skill Development

Khairpur Mirs

# Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph**

Mid Semester / Final Semester / Supplementary Examination for 02 Years

MS Engineering Technology Degree Program

**Personal Details:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Batch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's / Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: MS (\_\_\_\_\_\_\_\_)

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_

Examination Fees Paid: **Rs. -------/-** Challan No. ……… Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I wish to appear in following Subjects: (Please Tick (****) Theory Box)**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Course Name with Code** | **Theory** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Date: **Signature of Candidate**

**Certificate to be signed by Chairperson for the Concerned Department.**

I certify that Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Class Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has studied the above courses offered to him/her for 02 Years MS Engineering Technology Degree Program in the \_\_\_\_\_ Semester, \_\_\_\_\_Year for appearing in the \_\_\_\_\_\_\_\_\_ examination of this university.

Date: **Chairperson Signature**

The Benazir Bhutto Shaheed

University of Technology and Skill Development

Khairpur Mirs

**ADMIT CARD**

# Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph**

**Personal Details:**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Batch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's / Spouse Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: MS (\_\_\_\_\_\_\_\_)

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_

**I wish to appear in following Subjects: (Please Tick (****) Theory Box)**

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| --- | --- | --- |
| **Sr. No.** | **Course Name with Code** | **Theory** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Signature of Candidate CONTROLLER OF EXAMINATIONS