



**PROFORMA FOR "STUDENT IDENTITY CARD"**

1. CMS ID # : \_\_\_\_\_ 2. Session : \_\_\_\_\_  
3. Name : \_\_\_\_\_ 4. Father's Name : \_\_\_\_\_  
5. Faculty : \_\_\_\_\_ 6. Semester : \_\_\_\_\_  
7. Program of Study : \_\_\_\_\_ 8. Cell No # : \_\_\_\_\_  
9. Home Telephone # : \_\_\_\_\_ 10. Blood Group: \_\_\_\_\_  
11. Emergency Contact No : \_\_\_\_\_ 12. Date of Birth : \_\_\_\_\_  
13. CNIC #:      -       -   
14. Address : \_\_\_\_\_

Dated:- \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature of Student

**VERIFICATION FROM DEPARTMENT CHAIRPERSON**

Certified that Mr/Ms \_\_\_\_\_ is studying in the department of \_\_\_\_\_ Faculty of \_\_\_\_\_. The particulars of the student has been checked and found correct. His/Her proforma is recommended for issuance of student identity card as per the University rules.

Dated:- \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature & Stamp of Chairperson

**FOR OFFICE USE ONLY**

Application form received on : \_\_\_\_ / \_\_\_\_ /20..... Card issued :Yes/ No (if Yes )

Date of issue : \_\_\_\_ / \_\_\_\_ /20 ..... (if No);Reason \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

**INSTRUCTIONS**

- **Fee Voucher of Rs. 300/ -01 copy (Fee is to be deposited at HBL, BUITEMS, Takatu Campus Barnch)**