QUAID-E-AWAM UNIVERSITY
OF ENGINEERING, SCIENCE & TECHNOLOGY NAWABSHAH
DIRECTORATE OF POSTGRADUATE STUDIES & RESEARCH
Ph# 0244-9370377, 9370381-5 Ext: 2683+ 2546 Fax: 0244-9370377

The Director (PGS/IICT)
QUEST Nawabshah

Subject: Request for registration/enrollment in the _____ semester, _____Batch (ME / MS / PhD) program of the university.

Name of Student: _____

Father's Name: _____

CNIC No. _____

Roll No._____

Discipline: _____

Department: _____

Mobile No. (WhatsApp)_____

Paste recent photograph (All the candidates provide/paste picture)

Fees Details (Attach the photocopy of paid challans)

Sr.	Description	Challan No.	Amount	Date
1.	1st Semester + Admission Fee			
2.	2nd Semester Fee			
3.	3rd Semester Fee			
4.	4th Semester Fee			
5.	5th Semester Fee			
6.	6th Semester Fee			
7.	7th Semester Fee			
8.	8th Semester Fee			
9.	9th Semester Fee			
10.	10th Semester Fee			

I hereby certify that I have deposited all the above-mentioned and other remaining fees/dues. Therefore, I respectfully request that I may kindly be registered/enrolled in the _____ Semester, _____ Batch of ME / MS / PhD program of the university.

I shall be highly grateful for your kind consideration.

Signature of the Student
Roll No. _____