



The Government
Sadiq College Women
University Bahawalpur Pakistan

Registration form Number: _____ **Date:** _____

Name of Student: _____

Father Name: _____

CNIC No: _____

Last Qualification & Institute: _____

Contact No: _____ **Email:** _____

Address: _____

For Office use Only:

Fee Submitted: Rs. _____ **Signature:** _____



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