



UNIVERSITY OF TECHNOLOGY, NOWSHERA

Session: 2017-18 Hostel Registration Form

Name: _____

Father Name: _____

CNIC No: _____

Domicile: _____

Current Address: _____

Permanent Address: _____

Student Contact No: _____ Father/Guardian Contact No: _____

Email: _____

Departments: _____ Registration No: _____

Applicant Signature: _____ Date: _____

For Office Use Only

ALLOWED /NOT ALLOWED _____ Room No: _____

PAYMENT RECEIVED: _____ RECEIPT NO: _____

AUTHORIZING OFFICER