

COMSATS University Islamabad, Sahiwal Campus

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1. Admission Form No.	<u>n</u>	<u>.eg</u>	151	lat	101		<u> </u>	1 10	<u> </u>	<u>V I S</u>	<u> </u>	<u>va</u>	<u>' </u>	<u> </u>	<u> </u>	,				-
1. Admission Form No.				<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>										
2. NTS Form Serial No.		N	Α	T	_										Pa		e attac Size Ph	ch one notogra	iph	
3. Test Date:		<u> </u>	<u> </u>		<u> </u>										(A	tteste	d from	the ba	ck)	
4. Test Center:	COMS	SATS (Jnive	rsity	COMS	SATS I	Road,	off G	.T Roa	ad, Sa	hiwal	<u>.</u>								i
5. Test Type (Fill only one	e Box f	for de	sired	Test	Туре	(Mor	ndato	ry)												
(A) Test Type for Candi	date	havin	ıg 12	Year	s edu	ıcatio	on							_						
NAT-IE (Pre Engineer	ing)				NAT	-IM ((Pre M	edical)					NAT	T-IA (Arts/Humanities)					
NAT-ICS (Computer :		•			-1		(Gene	ral Sci	ence)					NAT	-ICOI	M (Co	mmei	rce)		
(B) Test Type for Candi			g 14	Year	-									1						
NAT-IIA (Arts & Socia		nce)			_ 1		(Mana	_		-				NAT	-IIB (Biolog	gical So	cience)	
NAT-IIP (Pysical Scien					_		(Orien													
6. Personal Informatio	n (Us	e CPI	TAL	Lette	rs an	d lea	ive sp	ace	betw	een v	word	s)	I	I	ī	I	ı			1
7. Name in Full:	<u></u>	<u> </u>	<u> </u>	<u></u>	<u></u>	<u></u>	<u> </u>	<u> </u>	-						-		<u> </u>	<u></u>	<u> </u>	<u></u>
8. Father's Name:																				
8. Father's Name:																				
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9. Candidates's CNIC #:															_]			-
10. Date of Birth:				<u> </u>	<u></u>	 T	<u> </u>	<u> </u>]		11	L. Ge	nder		Male	<u></u>	, 	Fem	ale	
		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>			<u> </u>				<u></u>	j	-	<u></u>]	-	
12. Postal Address:																				
				_ Ci	ty:					13	. Ema	ail:								
14. Phone No:						Re	es:						Мо	bile:						
15. Office Use: For	m Red	ceive	d by:										0	Date:						
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Test Type:	N	Α	Т	-																
Roll Number:															Pa		e attac Size Ph	ch one notogra	iph	
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(Attested from the back) Studetnt's Name Father's Name: **☑** Test Date: COMSATS University COMSATS Road, off G.T Road, Sahiwal. Phone: 040-4305001-5, 9200100 **☑** Test Center: **Instructions:** ☑ Reporting time for test is PM Sharp. AM ☑ Candidate failling to produce **Roll Number Slip** would not be allowed to enter the examination hall.

COMSATS University Islamabad

Sahiwal Campus

	Admission	Entry Test Challan
SLAMABAD		Bank Copy
${\bf Session:} _$		BS Test Challan
HABIB B	ANK LTD	A/C No: 23607000000803
Branch Code		Date
Branch Name		
Admission For	m Number	
Name		
Father Name		
CNIC/B,Form		
Amount Rs.	Amount in W	ords: Eight Hundred Only
800	Non Refu	ındable/Non-Transferable
Applicant's	-	Bank Stamp
Signature		Bank HBL

Session:	Admissi	TS University Islamabad Sahiwal Campus on Entry Test Challan Accounts Copy BS Test Challan
HABIB B	ANK LTD	A/C No: 2360700000803
Branch Code		Date
Branch Name		
Admission For	rm Number	
Name		
Father Name		
CNIC/B,Form		
Amount Rs. 800		Words: Eight Hundred Only Refundable/Non-Transferable
Applicant's		Bank Stamp
Signature		Bank HBL

Session :HABIB B	COMSATS University Islamabad Sahiwal Campus Admission Entry Test Challan Admission Office Copy BS Test Challan ANK LTD A/C No: 23607000000803
Branch Code	Date
Branch Name	
Admission For	m Number
Name	
Father Name	
CNIC/B,Form	
Amount Rs.	Amount in Words: Eight Hundred Only
800	Non Refundable/Non-Transferable
Applicant's	Bank Stamp
Signature	Bank HBL

Session :	COMSATS University Islamabad Sahiwal Campus Admission Entry Test Challan Student Copy BS Test Challan ANK LTD ANK LTD ANC No: 23607000000803
Branch Code	Date
Branch Name	
Admission For	m Number
Name	
Father Name	
CNIC/B,Form	
Amount Rs.	Amount in Words: Eight Hundred Only
800	Non Refundable/Non-Transferable
Applicant's	Bank Stamp
Signature	Bank HBL