FEDERAL URDU UNIVERSITY OF ARTS, SCIENCE & TECHNOLOGY, ISLAMABAD

Application for Fees Adjustment

NAME:	_ FATHER NAME:			
CNIC:	-			
DEPARTMENT:	PROGRAM:	SEMESTER:		
SECTION:SHIFT:	MIS ID:	Cell No:		
		HOD REMARKS/RECOMMENDATION		
It is stated that, I want to adjust my fee of	Semester			
in session spring/autumn/summer _				
I hereby declare that the information provide	ded above is true to			
the best of my knowledge.				
		S: 4 CHOD		
		Signature of HOD:		
Signature of Applicant:				
		Date:/		
Doto: / /				
Date://				
Examination Status: view DMC along with current status is required				
Examination Status. View Divic along with current status is required				
Superintendent: Assistant Controller:				
Note:- Please attach documents and mark it	•			
Student university card photocopy				
2. Fees Deposit Slip				

Fee Section (Fee Status is required, as per exams remarks)				
FEE SECTION	DIRECTOR ACCOUNTS			
Academic:				
Superintendent:				
Additional Registrar:	In charge Campus:			
Note:- Please attach documents and mark it				
1. Student university card photocopy				
2. Fees Deposit Slip				