

**FEDERAL URDU UNIVERSITY OF ARTS, SCIENCE & TECHNOLOGY,
ISLAMABAD**

Application for Name of Correction

NAME: _____ FATHER NAME: _____

CNIC:

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DEPARTMENT: _____ PROGRAM: _____ SEMESTER: _____

SECTION: _____ SHIFT: _____ MIS ID: _____ Cell No: _____

STUDENT DECLARATION	HOD REMARKS/RECOMMENDATION
It is stated that I want to correct my name/father name mentioned in the university record OR I have changed my name/father name from concerned board and now correction is required in the university. I hereby declare that the information provided above is true to the best of my knowledge. Signature of Applicant: _____ Date: __ / __ / __	Signature of HOD: _____ Date: __ / __ / __

Examination Status: view DMC is required.

Superintendent: _____

Assistant Controller: _____

Note:- Please attach documents and mark it

1. Student university card photocopy
2. Attested Matric DMC/Certificate Photocopy
3. Attested Photocopy of Student CNIC/Father CNIC

Academic:

From

To

Superintendent: _____

Assistant Registrar: _____

Vice Chancellor: _____

Note:- Please attach documents and mark it ✓

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