



APPLICATION FORM APPLYING AGAINST SELF-FINANCE SEATS

APPLICATION NUMBER # : _____

NAME OF APPLICANT : _____

FATHER'S NAME : _____

CNIC # : _____

CONTACT NO # : _____ CELL NO # : _____

EMAIL: _____

ADDRESS: _____

This is to request for admission offer in _____ Program
on Self-Finance basis.

Candidate Signature: _____ Date: _____

NOTE:

- Candidates applying for Self-Finance seats are required to fulfill all admission requirements (Eligibility criteria, admission test, interview, any other requirements etc.)
- All other policies, rules and requirements will remain same.
- Self-Finance seats application form is to be submitted at the SSUET Admissions Office in person.

FOR OFFICE USE ONLY

Receiving Date : _____ Time: _____

Signature

Decision: _____

Signature: _____ Date: _____