

Name of the two persons (Parents) who may accompany the student. Please attach C.N.I.C. copies of each.

Student's Name _____ Enroll. No. _____ CMS.ID. _____

1. Name : _____

2. Name : _____

Relationship with: _____
the Applicant:

Relationship with: _____
the Applicant:

Address : _____

Address : _____

CNIC No. : _____

CNIC No. : _____

(Please Attached Photocopy)

(Please Attached Photocopy)

FOR OFFICE USE ONLY

(a) The documents of the candidate have been verified and he/she has

Completed the requirements for the award of the degree _____.

Yes	No
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(b) He/She has deposited the required dues pertaining to the Convocation

Yes	No
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Astt. Controller of Examinations

NOTE

1. Please read the instructions given in the Advertisement for the Convocation-2019 in the newspapers / website.
2. Duly filled in forms along with payment receipt can be submitted at Hamdard University Dental Hospital, Hamdard University Main Campus, from 8:30 a.m. to 3:30 p.m. and Hamdard University City Campus, from 9:30 a.m. to 6:30 p.m.
3. The Academic Costumes, Gowns and Invitation Cards will be distributed on the Rehearsal Day in the Examination Department, Main Campus. Attending the Rehearsal and filling graduating form is mandatory for all the graduating students.
4. Providing the wrong information in the Convocation form, would lead to removing of name from Convocation list / Scroll.

Date: _____