



KHUSHAL KHAN KHATTAK UNIVERSITY, KARAK

APPLICATION FORM FOR ADMISSION CANCELLATION

(To be submitted to the Chairman/Head/Director of Concerned Department /Institute)

Department: _____

Program: _____

STUDENT'S PARTICULARS

1. Applicant's Name: _____ (As per Matric Certificate - IN BLOCK LETTERS)
2. Father's Name: _____
3. Reg. No. (if any) _____
4. Student's CNIC No: _____
5. Contact number: _____
6. Present Semester: _____
7. Last Semester Attended: _____
8. Date of Admission: _____
9. Date of Commencement of Classes: _____
10. Address: _____
11. Reason(s) for Admission Cancellation (Attach Photocopies of Supporting Documents, if any):

Applicant's Signature

Dated: _____

FOR OFFICIAL USE ONLY

Case No: _____

Dated: _____

(To be entered by the Chairman's/HoD's Office)

Note: Please attach copy of struck off notification (if any)

RECOMMENDATIONS OF HEAD OF DEPARTMENT

Chairman/HoD Remarks:

(Signatures with stamp)