



KHUSHAL KHAN KHATTAK UNIVERSITY, KARAK

APPLICATION FORM FOR REMOVAL OF ADMISSION SUSPENSION

(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. _____

4. Student's CNIC No: _____

5. Contact number: _____

6. Present Semester: _____

7. Struck Off Semester: _____

8. Unregistered Courses/Date of struck off Notification: ____/____/____ (Attach Photocopy)

9. Address: _____

10. Reason(s) for Struck Off (Attach Photocopies of the Supporting Documents):

Applicant's Signature

Dated: _____

FOR OFFICIAL USE ONLY

Case No: _____
(To be entered by the Chairman's/HoD's Office)

Dated: _____

Note: Please attach struck off notification copy and 75% attendance

RECOMMENDATIONS OF THE HEAD OF DEPARTMENT

Chairman/HoD Remarks:

(Signatures with stamp)