

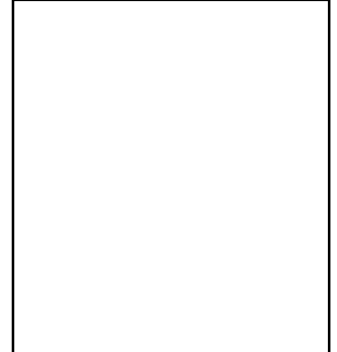


# **GOVT. COLLEGE WOMEN UNIVERSITY FAISALABAD**

**Registrar Office  
Registration Branch  
Phone #: 92-041-9330408 Ext: 2020  
www.gcwuf.edu.pk**

## **Identity Card Proforma for Student**

*(Please Write in Block Letters)*



**Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Programme:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

**Registration No:** \_\_\_\_\_

**Roll No:** \_\_\_\_\_

**Session:** \_\_\_\_\_ **To** \_\_\_\_\_

**Morning / Evening** \_\_\_\_\_

**Cell No:** \_\_\_\_\_

**Residence Phone No:** \_\_\_\_\_

**CNIC NO:** \_\_\_\_\_

**Blood Group:** \_\_\_\_\_

**Present Home Address:** \_\_\_\_\_

**Permanent Home Address:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Verified by**

**Head of Department:** \_\_\_\_\_