



HITEC-Institute of Medical Sciences

STUDENT CARD REGISTRATION

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STUDENT PERSONAL DETAILS

Name: _____ Class : _____

Roll No : _____ Session: _____

CNIC No : _____ Contact No : _____

Blood Group (Optional) : _____ Official Email : _____

Passport Size (2x2 Inch) Picture with white Background (Softcopy).

STUDENT AFFAIRS DEPARTMENT

Student ID : _____ HOD SA Sign : _____

FINANCE DEPARTMENT

ID Card Fee : _____ Fee Deducted : _____ AM Finance Sign _____

IT DEPARTMENT

ID Card No : _____ Printing Date : _____

ID CARD RECEIVING

Date : _____ Signature : _____

IT- Assistant

AM - IT

Dir Adm & Ops