



Govt. Emerson College

Emerson College Road Multan

Ph: 061-9210037-38 Ph:061-9210296

Email: gecmultan@gmail.com Website: www.gecmultan.edu.pk



DEPARTMENT OF

REGISTRATION FORM FOR COMPREHENSIVE EXAMINATION

To Be Held on _____ at _____

Recent
Photograph
Compulsory

Name (in Capital)

S/o, D/o (in Capital)

Roll No. Session: _____

Contact/Cell No. _____

Program
(Please Tick)

Fee of Rs. _____ Bank Challan No. _____ Date ___/___/20___

Course Requirement completed on _____ C.G.P.A.

Chance(s) already availed. 1. on _____
2. on _____

I have cleared all the courses requirement of my _____ Program. I therefore
may be registered for the comprehensive examination.

Signature of the Candidate

Date: _____

Controller of Examinations

Principal
Govt. Emerson College,
Multan

Head of Department