SINDH AGRICULTURE UNIVERSITY TANDOJAM

ADMISSION / REGISTRATION FORM (for Subsequent semester)

M.S / M.Sc / M.E / MSIT / M.Phil / PhD Program

FACULTY / INSTITUTE		DEPARTMENT	
Registration No.	Program	Term / Semester	Academic year
Challan No	Dated:		_
To,			
The Director,			2
Advanced Studies, Sindh Agriculture University,			Pictures
Tandojam.			
I submit mu nonticulous for soulin	- Adminsion (Desistantis		
I submit my particulars for seekin	g Admission / Registratio	on as under:	
Name :			
Father's Name :			
CNIC :	:Religion		
Postal Address :			
E-mail:		Mobile No	
Are you SAU, Employee:	Are	you real son/daughter of Ei	nployee
Employee Name		Designation	
Department of Employee:			
I solemnly affirm that information enforce from time to time.	n given above is correct. I	undertake that I shall abide I	by all rules and regulation
		Signature of the	e Applicant
It is certified that above student is	eligible for Registration	fulfill in Semester /	Term of academic year

CHAIRMAN /	DIRECTOR
Department of	

DEAN
Faculty of_____

To be verified by Controller of Examinations

Semester/ Term	Subjects Qualified	Grade	Grade Point	Remarks
	1.			
FIRST	2.			
	3.			
	4.			
	5.			
GPA-I		·	·	·
	1.			
SECOND	2.			
	3.			
	4.			
	5.			
CGPA			•	

Note: As per postgraduate rules:

- 1. A student must obtain at least a GPA of 2.0 in first semester to be promoted to second semester.
- 2. A student must maintain a CGPA of 2.0 and must have also passed at least 50% course in the second semester to be eligible for admission to the third Semester. Failure to any above tow conditions shall lead to the cancellation of his / her admission.
- 3. An overall CGPA of 2.5 shall be the minimum requirement for eligibility of candidacy for Master Degree.
- 4. A student, who obtains CGPA of 2.0 but less than 2.5 upon the completion of entire course work, may be allowed once in spring and once in autumn to tack/repeat the course of the previous semester in which he/she obtained the lower grades (with GPA on <2.0), in order to improve the CGPA so as to obtain the minimum of 2.5 for all semester

Controller of Examinations

RECEIPT

Received application from S.No	for Registration to the	Semester / Term of
Program for the calendar year	_ from Mr. / Miss	
S/o / D/o		
Name & Signature (Concerned Clerk)	D	Date: