

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,
Advanced Studies,
Sindh Agriculture University,
Tandojam.

2
Pictures

I submit my particulars for seeking Admission / Registration as under:

Name : _____

Father's Name : _____

CNIC : _____ **Religion.** _____

Postal Address : _____

E-mail: _____ **Mobile No.** _____

Are you SAU, Employee: _____ **Are you real son/daughter of Employee** _____

Employee Name _____ **Designation** _____

Department of Employee: _____

I solemnly affirm that information given above is correct. I undertake that I shall abide by all rules and regulation enforce from time to time.

Signature of the Applicant

It is certified that above student is eligible for Registration fulfill in _____ Semester / Term of academic year _____

DIRECTOR
Advanced Studies

To be verified by Controller of Examinations

Semester/ Term	Subjects Qualified	Grade	Grade Point	Remarks
FIRST	1. 2. 3. 4. 5.			
GPA-I				
SECOND	1. 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) _____Date: _____