MUHAMMAD NAWAZ SHAREEF UNIVERSITY OF AGRICULTURE, MULTAN
IT Department
Biometric Registration Form v1.0

Date: _____

First Name: _____   **Last Name:** _____

Designation: _____   **Department:** _____

HOD Name: _____

Employment Status: Contractual/Regular/ IPFP /(other)_____

Email: _____   **Contact No.** _____

_____
HOD Sign

_____
User Sign

_____
Director IT