HOSTEL SEMESTER FREEZE - FORM

Student's Name: _____   School: _____

Father's Name: _____   Discipline: _____

Gender: _____   Reg / CMS ID: _____

CNIC #: _____   Semester: _____

Cell #: _____   Hostel: _____

E-mail ID: _____   Room #: _____

Reason for Semester Freeze: _____

Date of Leaving: _____

Date of Re-Joining: _____

Date: _____   Manager (Hostel): _____

Manager Fee: _____

Accountant (Mess): _____

DD Hostels: _____

Note: The form should be submitted to Hostels branch after necessary formalities.