

GOVERNMENT POSTGRADUATE COLLEGE MANSEHRA
SEMESTER REJOIN FORM

To be submitted to the controller office

Name: _____

Roll No: _____

Department: _____

Batch: _____

Dropped Semester(s): _____

I would like to join in semester: _____

Signature of Student

Date

Approval			
HOD	Coordinator	Account/Finance	Record office
Remarks:	Remarks:	Remarks:	Remarks:
_____	_____	_____	_____
Signature	Signature	Signature	Signature

Note: Attach copy of fee challan/Receipt