



IT SERVICES

GC University, Faisalabad

STUDENT ID CARD PROFORMA

Card #:

Name of Student: _____

Father's Name: _____

Programme: _____

Department : _____

Faculty: Science and Technology Art and Social Sciences
 Management Sciences Islamic and Oriental Learning

Session: TO
 Morning Evening

CNIC: - - Blood Group:

Current Address: _____

Permanent Address: _____

Signature of Student

Cell No:

Residence No.:

Recommended By:

Chairman/ Chairperson/
Coordinator/ Incharge:
(Signature with Official Stamp)

Dean of respective Faculty:
(Signature with Official Stamp)

For Official Use Only:

APPROVAL

Issued Not Issued

Remarks: _____

IT Manager:
(Signature with Official Stamp)

CARD ISSUANCE

Prepared By: _____

Signature: _____

Date: _____

Card No.: _____

Name of Receiver: _____

Signature: _____

Date: _____

Important Note: - Please attach an attested copy of CNIC
- Please attach 2 attested photographs
(One should be attested on front side and other should be attested on rear side)

Affix a passport size photograph here