





## Riphah International University Lahore Campus

<b>Date of Admission</b>																				
<b>Session</b>																				

**Name of the guest who will accompany the student (Children are not allowed)**

**Guest 1**

Name: \_\_\_\_\_

Relation with applicant \_\_\_\_\_

Address: \_\_\_\_\_

NIC No. \_\_\_\_\_

**Guest 2**

Name: \_\_\_\_\_

Relation with applicant \_\_\_\_\_

Address: \_\_\_\_\_

NIC No. \_\_\_\_\_

**NOTE: Attested copies of CNIC of applicant & his/her accompanying guest are required. Children are strictly not allowed.**

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Verifying Officer

**Note: INCOMPLETE FORM SHALL NOT BE ENTERTAINED IN ANY CASE,**

**FOR ANY QUERY CONTACT 0300 0720525**