



PROFORMA FOR "STUDENT RENEWAL IDENTITY CARD"

1. CMS ID # : _____
2. Session : _____
3. Name : _____
4. Father's Name : _____
5. Faculty : _____
6. Semester : _____
7. Program of Study : _____
8. Contact #: _____

Dated:- ____/____/____

Signature of Student

VERIFICATION FROM DEPARTMENT CHAIRPERSON

Certified that Mr/Ms _____ S/O, D/O _____
is a regular student. His /Her above particulars are corrected. He/She may be issued student identity card.

Dated:- ____/____/____

Signature & Stamp of
Department Chairperson

Please Past Fee Voucher of Rs. 300/ or Rs. 500

Instructions:

- **Fee Voucher of Rs. 300/** (Fee is to be deposited at HBL, BUITEMS, Takatu Campus Branch
- **If card is lost the card Fee will be Charge Rs. 500/**

FOR OFFICE USE ONLY

Proforma received on : ____/____/20.... Card issued : Yes / No (if Yes) : Date of issue : ____/____/20....
(If No) ; Reason _____

Signature: _____

Name: _____

Designation: _____