	BUITEMS	
	uality & Excellence in Education	F-7/QSP/SAA/15/01
PROFORMA FOI	R "STUDENT RENEWAL IDEN "	IIII CARD"
. CMS ID # :	2. Session :	
Name :	4. Father\s Name :	
Faculty :	6. Semester :	
Program of Study :	8. Contact #:	
Dated://		Signature of Stud
VERIFICATIO	ON FROM DEPARTMENT CHAIRPE	ERSON
Certified that Mr/Ms	S/O, D/O	
	articulars are corrected. He/She may be issued stu	
Dated://		Signature & Stamp Department Chairpe
Dated:/		Signature & Stamp Department Chairpe
		Department Chairper
	Fee Voucher of Rs. 300/ or Ra	Department Chairper
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Please Past	Fee Voucher of Rs. 300/ or Ra	Department Chairper
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Please Past	300/ (Fee is to be deposited at HBL, BUTTEMS, The will be Charge Rs. 500/ FOR OFFICE USE ONLY 	Department Chairper

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Students & Academic Affairs Section, BUITEMS

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