PM LAPTOP SCHEME PHASE-III CORRECTION PERFORMA

Name:			
Father's Name:			
CNIC No:			
Department:			
Enrollment No/ Registration No:			
Degree:		Semester:	
Email:Contact No:			
Date of Admission:			
Sr. No:	Incorrect Information		Information that Needs to be Updated
1			
2			
3			
4			
5			
6			
7			
8			
Student's Signature with Date			
		-	

Departmental Focal Person's Signature & Stamp