** DAWOOD UNIVERSITY OF ENGINEERING AND TECHNOLOGY**

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**STUDENTS REGISTRATION FORM FOR COMPREHENSIVE EXAMINATION**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Roll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No of Courses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **STUDENT SIGN**

**CHAIRPERSON SIGN DIRECTOR POSTGRADUATE CONTROLLER EXAMINATION**