



تنسيق الكليات الإسلامية

Coordination of Islamic Colleges (CIC)

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WAFY ELIGIBILITY TEST – APRIL 2017

APPLICATION FORM

For Office Use Only

Form No:

Hall Ticket No:

The particulars furnished by the applicant have been checked and verified.

Date:

Controller of Examinations

Affix a
self-attested
passport size
photo

To be Filled by the Applicant

Name of Applicant:

Name of Father:

Date of Birth:

Age:

Email:

Mobile:

Permanent Address:

Communication Address:

Educational Qualifications		Subject	Institution/ University	Year	%
	UG				
	PG				
	Others				

Subject of Paper 3: _____ Code: _____

Declaration

I shall abide the rules of the WET Examination Board as printed in the prospectus effective from 2015 Examinations.

Date:

Name & Sign of Applicant: