



Directorate of Information Technology

University of Balochistan



Smart University (WiFi) Registration Form

(For Scholars & Students, UoB Main Campus)

Date: _____

Name: _____

Father's Name: _____

C.N.I.C: _____

Class : _____

Enrollment No : _____

Session: _____

Department: _____

Contact No: _____

E-mail Address: _____

Student Signature

Verified by Chairperson (With Official Stamp)

For Office Use Only

Credentials: _____

Signature