



# SUKKUR IBA UNIVERSITY

Merit-Quality-Excellence

## APPLICATION FOR CHANGING OF ADDRESS

Name of Applicant:	
Registration No:	CNIC No:
Programme:	Centre:
Semester:	Session:

Permanent Address:

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Current Address:

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### FOR OFFICE USE

Received Date: \_\_\_\_\_

Update Status: \_\_\_\_\_

Processing Date: \_\_\_\_\_

Signature and Stamp: \_\_\_\_\_