



ALLAMA IQBAL OPEN UNIVERSITY
(Directorate of Admissions & Mailing)

REQUEST FOR DATA MIGRATION

Registration No:	_____	Roll No.	_____
Programe:	_____	1 st Semester:	Spring/Autumn _____
Name:	_____		
Father Name:	_____		
Date of Birth:	_____		
B-Form/CNIC No:	_____		
Mobile No.	_____		
Address:	_____		

Students Signature: _____

Date: _____

Submit to:
Directorate of Admissions
Block No. 4, AIOU
H-8, Islamabad