Joining Instructions

MS Degree
* Health Care Biotechnology
* Industrial Biotechnology
* Plant Biotechnology

Atta ur Rahman School of Applied Biosciences (ASAB)
National University of Sciences and Technology (NUST)
H-12, Islamabad. Phone No. 051-9085-6101, 6118
Website: www.asab.nust.edu.pk
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INTRODUCTION- A WORD OF WELCOME

Faculty and Staff of Atta ur Rahman School of Applied Biosciences (ASAB) welcome you at National University of Sciences and Technology (NUST). It is located at H-12 Sector Islamabad. The School of Applied Biosciences will contribute towards the improvement of existing educational standards and the promotion of research culture in Pakistan. The School is focusing on the education related to Health Care Biotechnology, Industrial Biotechnology, and Plant Biotechnology. The ASAB Faculty had wide experience of academics, industry and research, and are committed to make it a unique seat of higher learning. We hope that your stay at ASAB will be highly rewarding.
ARRIVAL / RECEPTION

An orientation program has been arranged for the students and their parents. The aim of this orientation is to facilitate new entrants' integration into the world of university with ease and confidence. New students are provided an opportunity right in the beginning to clarify doubts and concerns if any. The day is also a great opportunity to meet fellow students. Parents / Guardians are requested to kindly attend the reception ceremony on 07th Sep 2015 students are requested to intimate their Parents / Guardians participation at Tel: 051-9085-6118 or E-mail stucoord@asab.nust.edu.pk. The schedule of the day will be as:

1. Reception 07th Sep 2015 1000 - 1030 Hours
2. Welcome Address by Principal ASAB 1030 - 1040 -do-
3. Briefing 1040 - 1120 -do-
4. Refreshment 1125 - 1145 -do-
5. CMS Briefing 1145 - 1230 -do-
6. Collection of documents/registration 1230 - 1700 -do-
7. Departure 1700 -do-

DRESS CODE

There is no specific uniform; however a dress code is to be followed, as specified below:

MALE STUDENTS

(a) Dress Pants and dress shirts of decent color (Shorts, Bermudas, Fancy Jeans, T- Shirts with Designs/logos not allowed).

(b) Shalwar Kameez of decent color with waist coat (properly ironed).

FEMALE STUDENTS

(a) Shirt with appropriate length and normal pattern shalwar (Low neck and sleeveless shirts not allowed).

(b) Duppatta or Shawl (preferable).

(c) Small heel or flat shoes (high heels not allowed).

(d) Trousers with long shirts (trousers with slits not allowed).

Please note those not following dress code are subject to penalty which includes fine and those found repeatedly violating the rules will be liable to disciplinary action.
**DOCUMENTS**

<table>
<thead>
<tr>
<th>DOCUMENTS REQUIRED</th>
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<tbody>
<tr>
<td><strong>a.</strong> Medical Fitness Certificate</td>
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<tr>
<td><strong>b.</strong> Original SSC, HSSC &amp; BS/ BSc (or equivalent) qualification certificates and detailed marks sheets along with photocopies (2x) of each.</td>
</tr>
<tr>
<td><strong>c.</strong> Those who have passed ‘O’/’A’ level examination must bring the equivalent certificates from IBCC otherwise they will NOT be registered</td>
</tr>
<tr>
<td><strong>d.</strong> Undertaking regarding conduct (specimen attached)</td>
</tr>
<tr>
<td><strong>e.</strong> Surety Bond (specimen attached) duly made out on stamp paper worth Rs 100/-</td>
</tr>
<tr>
<td><strong>f.</strong> Bio Data Form (Specimen attached)</td>
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<tr>
<td><strong>g.</strong> 3 x Passport Photographs size and 1x Photo (1 inch size) for ID Card.</td>
</tr>
<tr>
<td><strong>h.</strong> Medical Certificate (specimen Attached)</td>
</tr>
</tbody>
</table>
1. KNOW ALL MEN BY THESE PRESENT THAT I, Mr. /Ms_____________________________(hereinafter called the trainee) and Mr. ________________________________ (Surety No 1) and Mr. ________________________________ (Surety No 2) (hereinafter called the sureties) do hereby bind ourselves and each of us and heirs, executors and administration to abide by the terms and conditions of NUST after having been selected against “civilian student of NUST” seat at NUST/ASAB. During studies, the trainee shall abide by the school discipline and rules, regulations and standing orders/procedures concerned and pay all expenses in due time. Any violations of these will make the trainee liable to expulsion from the ASAB, which shall be without right of appeal in any court of law. During studies, if trainee is expelled by the School on any ground, or deliberately fails and does not study, trainee will lose his seat in the School and will not be allowed to continue studies in any of the NUST institutions.

2. The trainee will abstain from any political activity during his tenure of studies at ASAB. Trainee, if found guilty of an act which is forbidden by NUST/ASAB authorities including cheating/drinking alcohol, etc, will be liable to expulsion from the ASAB.

3. NUST (ASAB) authorities reserve the right to plan/issue extended schedule of classes/exams during any part of the day, on as required basis.

Signature of the Student (Trainee): __________________________

Surety No 1 (Father/Guardian)                      Surety No 2 (Any Class 1 Govt Servant)
Signature: __________________________
Name: __________________________
Son of: __________________________
Designation/Status: __________________________
Address: __________________________

Note: This bond will invariably be attested by Oath Commissioner/Notary Public.
TRANSPORT REQUIREMENT FORM

Name: ___________________________ Class ________________________

Father’s Name: ___________________________ 

Address (Res): ___________________________

__________________________________________Cell No: ________________

This is to certify that I ___________________________ Student of ________
would avail the transport for one full semester.

Signature: ___________________________ Date: ______________________

For any further clarification/information, please contact Transport Coordinator Mr.
Muhammad Farooq 0333-5433544, Mr. Muhammad Farhan: 0301-5311612 Or
Mr. Muhammad Humayun 0301-5494594
UNDERTAKING
(By the Student & Parents/Guardian)

I, Mr/Ms.___________________________________________________________
Son/daughter of Mr ___________________________________________________,
Student of ASAB/NUST, hereby certify that I have read the joining instructions carefully and
that during my stay with ASAB, I shall be responsible to abide by the rules/regulations mentioned
therein. I understand that I will be liable to appropriate disciplinary action for any misconduct or
misbehavior.

Date: ____________  Signature: __________________________
Name: __________________________

COUNTERSIGNED BY PARENTS/GUARDIAN

Name & Signature: __________________________
Address: __________________________
Date: __________________________

(Note: Please deposit this certificate duly completed on first day of your arrival)
<table>
<thead>
<tr>
<th></th>
<th>Student Data</th>
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<tbody>
<tr>
<td>1</td>
<td>Student Name</td>
</tr>
<tr>
<td>2</td>
<td>Gender</td>
</tr>
<tr>
<td>3</td>
<td>Date of Birth</td>
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<td>4</td>
<td>CNIC No/ Form B</td>
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<tr>
<td>5</td>
<td>Blood Group</td>
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<tr>
<td>6</td>
<td>Mobile No</td>
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<tr>
<td>7</td>
<td>Personal &amp; Father's/ Guardian's Email</td>
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<tr>
<td>8</td>
<td>Father's / Guardian's Name</td>
</tr>
<tr>
<td>9</td>
<td>Father's / Guardian's Occupation (Mention if ex-Military or Service in Military)</td>
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<tr>
<td>10</td>
<td>Father's / Guardian's Mobile No</td>
</tr>
<tr>
<td>11</td>
<td>Current Address / Hostel</td>
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<td>12</td>
<td>Permanent Address</td>
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<tr>
<td>13</td>
<td>Name &amp; Contact No. In case of Emergency ( Mention Relationship )</td>
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<tr>
<td>14</td>
<td>Availing Hostel Facility Applied Separately by: [<a href="http://www.nust.edu.pk/Campus-Life/Pages/Amenities-Facilities.aspx%5C">http://www.nust.edu.pk/Campus-Life/Pages/Amenities-Facilities.aspx\</a>] Yes / No</td>
</tr>
<tr>
<td>15</td>
<td>Availing Transport Facility</td>
</tr>
</tbody>
</table>
Medical Certificate

I certify that I have carefully examined _______________________________ Son/ Daughter of _______________________________ and assume that his/her age is about _______ years and that he/she is of the required physical standard as prescribe.

Some of his/her particulars are as follows:-

Weight _____________ kg Height _______________ ft _____________ inches ______cm.

Chest expanded _____ inches _______________cm expanded ____ inches ______cm

Vision: Left Eye ________________________  Right Eye ________________________

Details of Glasses (if worn) ________________________________

Marks of Identification ________________________________

Any Other Remarks: ________________________________

Signature ________________________
(Signature of Candidate)

Stamp ________________
(In the presence of medical officer)

PM&DC No ___________