



Institute of advanced materials
Bahauddin Zakariya University, Multan
Alumni Association Membership Form



Registration No: _____	Name: _____	Male/Female: _____
Fathers Name: _____		
Nationality _____	Date of Birth: _____	CNIC: _____
Address: _____ _____ _____		
Cell No: _____	Office No: _____	Email ID: _____
Face book Id _____	Link In Id _____	

Alumni Membership Card:	
Pay Order / Bank Draft / DD No. _____ Dated _____	
Bank. _____ Branch _____ Amount: (Rs) _____	
<p>If you would like to have access to University website, please attach two identical, passport-sized photograph of yourself with your name clearly written on the back. The Alumni Membership Card will act as you ID when you visit in future. Please tick the box If you would like to receive card</p> <p style="text-align: center;"><input type="checkbox"/></p>	
<p>Please Return Completed Application Form By post: Institute of Advanced Materials B.Z.U, Multan</p>	

Professional Experience (from Current job):

Sr No. 1

Name of Organization:

Reporting Authority:

Industrial Postal Address:

Responsibilities:

Sr No. 2

Name of Organization:

Reporting Authority:

Industrial Postal Address:

Responsibilities:

Sr No. 3

Name of Organization:

Reporting Authority:

Industrial Postal Address:

Responsibilities:
