



The Islamia University of Bahawalpur

Directorate of Alumni

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Alumni Association Membership Form

For Office Use Only

Registration No. _____ Date: ____/____/____

Picture

Size 2*2

Personal Information

Name						Father Name						
Home Address						Email ID						
Date of Birth			Nationality			Religion						
Mobile No			Landline No			Marital Status						
CNIC					-						-	

University Information

Department				Program			
Session				Year of Passing			

Professional Information

Name of Organization/Business Govt/Semi Govt/Private (If employed)					
Designation & Nature of work Contract/Regular/Adhoc					
Office Contact No and E-mail ID					
Office Address					
Previous Job/Jobs (If any)					

Which services you can offer to the Islamia University of Bahawalpur

Other's Alumni Information (Please provide details of your 3 class/session fellows/IUB Alumni)

1. Name: _____ Contact No: _____ Institution Employed: _____

2. Name: _____ Contact No: _____ Institution Employed: _____

3. Name: _____ Contact No: _____ Institution Employed: _____

Alumni Signature