Baqai Medical University

Attach 2 recent passport size color photographs

Alumni Registration Form

Fill in **BLOCK** letters.

1. First Name of the Graduate: | | | | | | | | | | | | | | | | | | | |
2. Father's Name: | | | | | | | | | | | | | | | | | | | |
3. Husband's Name (for female Alumni): | | | | | | | | | | | | | | | | | | |
4. Program Enrolled in: _____
5. Year of Entry: _____
6. Year of Passing: _____
7. Contact Numbers:
   a. Home: _____Work place _____
   b. Mobile: _____
8. C.N.I.C. No: | | | | | | – | | | | | | | | – | |
9. Passport No: _____
10. Nationality: _____
11. Religion: _____
12. Address:
    a. Postal: _____
    b. Permanent: _____
13. Email Address: _____
14. Your professional goal/s: _____
    _____
15. Working Capacity/ Designation_____
16. Work Place_____
17. How would you like to be contacted: _____
18. Your achievement/s throughout the study period/after graduating (if any): _____
    _____
19. Would you like to contribute towards the university? Y / N If yes, then how? in terms of:
    a. Time: _____
    b. Expertise: _____
    c. Material resources: _____
    d. Others (please specify): _____