

Alumni Registration Form

For Advancement Office Use

Name _____ Father Name _____
Roll no _____ Starting & Ending Year _____ Religion _____
Gender _____ Date of Birth _____ CNIC _____
Full Address _____

(Please inform the Advancement Office in case of any changes)

Mobile Phone _____ Email Address _____
Degree _____ Job Title _____
Organization/ Department _____

Hostelite _____ Day blar

Applied on Date _____ Valid till _____
(For office use)

Payment _____

Applicant Signature _____ Received by _____

Status: New Card Pervious Card (Lost/Expired)

Details for fee deposit: -

Bank Name: - HBL

Account TITLED: FCC Donations

Account # 23617000023201

Fee: Rs.1800

Documents: 1 Photocopy CNIC, 1 Photocopy of Degree/Official transcript, 2 Passport Size Photographs

For ITS Department Use

Name _____
Roll no _____ Starting Year _____
Full Address _____

Valid till _____
(For Office use)

Applicant Signature _____ Received by _____