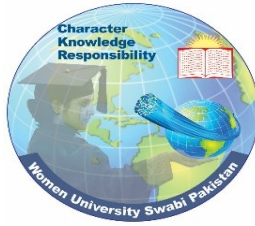


Registration No. \_\_\_\_\_



Photograph

## Alumni Association Membership Form

(Only graduates of Women University, Swabi are eligible)

Please complete the form	
<b>PERSONAL DETAILS</b>	<b>DEGREE DETAILS:</b>
Title (e.g. Ms/ Mrs/Dr)	Registration No.:
Full Name:	BS/MA/MSc/LLB:
Father's Name:	Department/Institute/Center/College:
CNIC:	
Mobile No.	Batch/Session:
Email Address:	Year of Admission:
	Year of completion of Degree:
Postal Address:	
Ph: Res.	Off:
<b>Alumni Membership Card</b>	
Cheque/Pay Order/ Bank Draft / DD No. _____ Dated _____	
Bank _____ Branch _____ Amount: (Rs.) _____	
<b>Please Return Completed Application Form in the Registrar Office (see website for further details)</b>	
<b>Attach copy of the Pay Order/ Bank Draft / DD)</b>	
Signed.....	Dated .....

**Registration fee:** Rs. 500

I hereby apply for the Membership of the Women University, Swabi Alumni Association for which I am eligible. **Requisite Membership fee (bank draft/Demand Draft/Pay Order) has been paid in favor of Treasurer, Women University, Swabi at UBL \_\_\_\_\_ A/C No \_\_\_\_\_.** My particulars are given above. In case of any change, I shall intimate the same. I have read the constitution of the Association and agree to abide by it.

Signature of the Alumnus: \_\_\_\_\_

**For Office Use Only:** (To be filled by the WUS Alumni Office after the receipt of the Membership form)

**Signature and Stamp**

**Dated:**

**The Director Alumni Women University, Swabi**