



Fatima Jinnah Women University

Placement Office

Alumni Association Registration Form

Note: Please complete in full. Do not leave any blank spaces

Department: ----- **Session:** -----

Name: -----

Father/Husband Name: -----

NIC: ----- **CNIC:** -----

Address: -----

5. E-mail:-----

6. Contact: (H) ----- (W) ----- (M) -----

9. Professional Experience (start from the recent position held)

Sr.	Organization	Position held	Date of joining	Date of leaving	Reason for leaving	Contact #
1						
2						
3						
4						
5						

Registration Fee Rs: -----

Signature: -----

Dated: -----