

Doc# LUMHS/Alum/-Issue date

REGISTRATION FORM

	10-20-		
PERSONAL INFORMATI	ON		
NAME			
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FATHER'S NAME			РНОТО
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CNIC NO			
/EAR OF ADMISSION	BATCH	YEAR OF PASSING	QUALIFICATION
CURRENT POSITION			
CONTACT INFORMATIC	N		
CONTACT NO			
ADDRESS (RESIDENT)			
ADDRESS (RESIDENT)			
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PERMANENT ADDRESS			
2			12
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MAIL			
ė	FOR ONLINE PAYMENT:		
DATE	ACCOUNT NO. 00100052		
DATE	IBAN NUMBER: PK89ABF	PA0010005273860070 QUAT UNIVERSITY OF MEDICA	AL
	& HEALTH SCIENCES ALU		SIGNATURE OF APPLICANT