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## **Alumni Card Details**

Please provide high resolution picture (4x4)

Personal Information	
Name:	Father Name:
Registration No	
CNIC #:	Session:
Cell (WhatsApp) #:	Emergency Cell No:
Blood Group:	Email:
Home:	
Detail of Employment (If Employed)	
Name of the Company:	
Your Position:	
Employer WhatsApp # (Optional):	
Fee Detail	
Fee voucher#	Amount Rs.
Bank Branch:	City:
For Department use only:	
This is to certify that the graduate,	, is a
regular student of this department and ha	s not been involved in any disciplinary issues.
Signature of the Chairperson:	Date:
UW Alumni Office use only:	
Alumni Card issue to:	Signature:
Alumni Incharge Comments (if any):	
Signature (UW-AI):	