



**QUAID-I-AZAM UNIVERSITY
DEPARTMENT OF DEFENCE &
STRATEGIC STUDIES**



ALUMNI REGISTRATION FORM

Personal Detail:

Name: _____

Father Name: _____

CNIC: ____ - ____ - ____ Date of Birth: _____

Gender: Male Female

**Paste your
passport size
photo graph
with gum**

Contact Detail:

Postal Address: _____

_____ City _____

Permanent Address: _____

_____ City _____

Contact Office: _____ Cell #: _____ Res #: _____

Email Address: _____ Fax #: _____

Quaid-I-Azam University Detail:

Program: _____ Registration#: _____

Semester: _____ Session from _____ to _____

Employment Detail:

Current Designation: _____ Department: _____

Organization Name: _____

Organization Address: _____

_____ City: _____

Please print it at dss.qau.edu.pk, fill it properly and send it to:
Department of Defence & Strategic Studies, Quaid-I-Azam University Islamabad.

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