**REGISTRATION FORM**

**Pakistan Alumni Society of Sri Lanka**

(Use BLOCKS Letters)

|  |  |  |
| --- | --- | --- |
|  | Name in Full:  |  |
|  | Address:  |  |
|  |  |
|  | Date of Birth:  |  | Sex:  |  |
|  | Email:  |  | Mobile |  |
|  | Telephone : |  | Fax: |  |
|  | Profession: |  |
|  | a. | Course of Study completed in Pakistan:  |  |
|  | b. | University/Institution: |  |
|  | c. | Location/Year:  |  |
| 8. | State if you wish to join executive position in the Association: |  |

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