

Ayubians Alumni Association

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Please Affix One **Resent Passport** size colour Photograph

Membership Form

Full Name (III block letter).
Father's/Husband's Name:
*CNIC
*Date of Birth: [DD/MM/YY]
*Sex: [] Male [] Female Blood Group:
*Permanent Mailing Address:
Domicile: Province:
*Mobile #:
*Email Address:
*Class Roll # AMC Registration #
*Graduate: [] MBBS [] BDS Nationality:
*Year of Graduation: PMDC Registration #
Post-graduation Qualification:
*Specialty:
Present Designation:
Name of the institution where presently working:
A brief introduction of your career since leaving AMC:
,
Signature: Date:
For office use only:
Membership #: Category: Items marked [*] require mandatory filling. Please submit this form to Department of Medical Education (DME),

Ayub Medical College, Abbottabad along with one passport size color photograph.

For further information please contact:

Conference Secretariat

Ayubians International Conference & Grand Reunion Department of Medical Education, Ayub Medical College, Abbottabad www.solvurs.com

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