

Department of International Relations
University of Karachi
Annual Dinner Registration Form



Paste Picture here

Name: _____

Graduation Year and Program: _____

Morning / Evening

Cell #: _____ **E-mail:** _____

Residential address: _____

Current Position/ Profession: _____

Office address: _____

Office No: _____ **E-mail/Fax:** _____

Signature: _____ **Date:** _____



Name: _____ **Cell #:** _____

Amount paid: _____ **Date:** _____

Receiver's signature with official seal: _____