Cholistan University of Veterinary & Animal Sciences, Bahawalpur

ALUMINI REGISTRATION FORM

Name: _____

University Registration Number: _____

Domicile: _____

Passing Out Year: _____

Faculty/Institute/Department:_____

Residential Address: _____

_____

_____

Contact Number: _____

Email Id: _____

Employer Institute/Department: _____

Current Designation: _____

Official Address:_____

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Signature of the Candidate

Note: Filled form please send to Directorate of Financial Assistance, Cholistan University of Veterinary and Animal Sciences, Bahawalpur, Pakistan. Contact number: 0629255750; Email id: fao@cuvas.edu.pk