



KARACHI UNIVERSITY
CHEMISTRY DEPARTMENT
1973 ALUMNI
ASSOCIATE MEMBERSHIP FORM



Full Name			
Present Residence (City)			
Degree(s)		Year	University
	i) MSc		
	ii) M.Phil		
	iii) PHD		
Details of Employment	Designation	Institute	
i) Working (Present)	a)	b)	
ii) Retired	a)	b)	
Cell/ WhatsApp No.			
Email:			
Would you like to contribute in any of the following ways? <input checked="" type="checkbox"/> Lectures <input checked="" type="checkbox"/> Mentoring <input checked="" type="checkbox"/> Donations <input checked="" type="checkbox"/> Internships <input checked="" type="checkbox"/> Books <input checked="" type="checkbox"/> Other			
Comments			