INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD

(Office of the Additional Director (Academics))

PROFORMA

Province:
Sex:

Name of Student, CNIC/ B.Form & Reg. #	Name of Father / Worker	EOBI / Social Security Card #	Designation	Name of Factory / Shop / Establishment	Student Contact #

Note: Attached following copies:

- a) CNIC/B. Form
- b) EOBI / Social Security Card

Signature of student:	
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