



INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD

Office of the Students' Adviser

Phone: 9019580-9257965

NO-SAC/2017-IIU-

Subject: - Summer Camp Registration for the Male Students

I am pleased to inform you that International Islamic University, Islamabad is going to arrange its first Summer Camp-2017 starting from 10th July, 2017 to 20th August, 2017 (i.e. 40 days at the University (IIUI))

The purpose of the camp is to enhance students' personal as well as professional development in all the spheres of life so that they will be able to achieve their ambitious/goals effectively and efficiently.

Following activities will be a part of the camp:

- i. Dawah & Tarbiah Classes
- ii. Cultural Activities
- iii. Sports & Adventures Activities
- iv. Recreational Trips
- v. Counseling Sessions
- vi. Lectures, Seminar & Workshop Series
- vii. Leisure Time Events
- viii. Aesthetic Events etc.

Students will be short listed on the basis of academic background as well as their positively participation in extra-curricular activities at all levels. Registration fee would be payable only by the short listed students is Rs. 1000/- (Refundable)

Interested Students are hereby informed that Registration form will be available in the Office of the Students Adviser, Room # A-013, Faculty Block-I (Ph: 9019580). The said form will be submitted through respective departments. Last date of registration is 22 June, 2017.

(Registration form is also available on university website)

(Dr. Abdul Qadir Haroon)

Addl. Students' Adviser /

Member/Secretary, Summer Camp-2017 Committee



INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD

Office of the Students' Adviser

Room # A-13, Faculty Block-I, H-10 Campus

Phone: 9019580, 9257965

Attach 01
Photos
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Registration Form for Summer Camp-2017

(July 10 to August 20)

Name:..... Father's Name:.....

CNIC No:

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Present Address:

Permanent Address:

Cell No: Contact No. (In case of emergency):

Department: Faculty:.....

Semester: Reg. No: CGPA.....

UNDERTAKING

I hereby solemnly declared that I abide by/comply the following conditions related to summer camp:

- 1. I will attend the summer camp regularly
- 2. I will not quit the summer camp at any stage and complete it with my fully devotion.

Applicant's signature:

Date:

Students' verification must be required by the concerned department coordinator

(Sign & Stamp): _____

Recommendation of the Concerned:

Chairman/HOD: _____

Date:.....

For office use only:

Received by:.....

Receipt# _____

Signature: _____

Dated:.....