



International Islamic University, Islamabad
Alumni Office

Directorate of Development and Strategic Planning

Alumni Registration Form

Personal Information	
Prefix	<input type="radio"/> Dr. <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms.
Name (as per IIUI records)	
Date of Birth (DMY format)	
Gender	<input type="radio"/> Male <input type="radio"/> Female
Marital Status	<input type="radio"/> Married <input type="radio"/> Unmarried
Country	
Province	
Permanent Address	
Address for Communication	
Phone Home	
Mobile Phone	
Email Address	
Academic Details	
Degree / Program	
Registration No.	
Year of Admission	
Passing Year	
Convocation (e.g. 8 th Convocation)	
Job Information	
Organization/Institute	
Present Position	
Office Address	
Office Phone	
Alumni Number (to be filled by alumni office)	
Preferred Mode of Contact	<input type="radio"/> Email <input type="radio"/> Post <input type="radio"/> Phone

Thank You for Registering with IIUI Alumni Office, Kindly Provide Your Suggestions Over Leaf.
Your Feedback is highly appreciated.