Custodian of Heritage since 1897

OLD STUDENTS ASSOCIATION GOVERNMENT COLLEGE UNIVERSITY

G.C. UNIVERSITY FAISALABAD

Membership Form

Registration No: _____

I solemnly affirm that I will abide by the rules and regulations set forth in the memorandum, rules and byelaws. I shall make whole hearted endeavour for the success of the Association. My data is as under.

1. **Name:** _____

2. **Date of birth:** _____

3. **Address:** _____

   _____

4. **College / University attended:** _____

5. **Tel No: Cell:** _____ **Residence :** _____

   Office: _____ **Email:** _____

6. **Life time achievements: (you may use overleaf)**

   _____

   _____

   _____

7. **Present business / employment**

   _____

   _____

President's Signature

Date: _____

Applicant Signature

Date: _____