

QAFILA MEMBERSHIP/JOINING FORM
DEPARTMENT OF ISLAMIYAT, UNIVERSITY OF PESHAWAR

<i>Personal Information:</i>			
Name:			
Father's Name:			
CNIC Number:			
Date of Birth:			
Contact Information:	Email:		
Cell No:	Tel:	Fax:	
<i>Professional Information:</i>			
Present Position:			
Institute/Organization:			
Deposited Amount:		Receipt/Choque N.0	
Bank name:			
Remarks (If any)			

Signature:

Date