



BUIITEMS
Quality & Excellence in Education

F-14/QSP/SAA/18.

PROFORMA FOR "ALUMNI IDENTITY CARD"

1. Name : _____ 2. Father's Name : _____
3. Department : _____ 4. Batch : _____
5. CMS ID : Enrollment # : _____ 6. Blood Group : _____
7. Employment # : _____ 8. Date of Birth : _____
9. Contact No : _____
13. Email Address : _____
14. CNIC # : - -
15. Address : _____

Dated: ___ / ___ / ___

Signature of Alumni

Note:- Fee Voucher of Rs. 500/ - 01 copy
(Fee is to be deposited at HBL, BUIITEMS, Takatu Campus Branch)

VERIFICATION FROM UA & FA

It is certified that Mr/Ms _____ S/O, D/O _____
was student of _____ Department of BUIITEMS.

Dated: ___ / ___ / ___

Signature & Stamp of
Director (UA & FA)

(FOR OFFICE USE ONLY)

Application received on : ___ / ___ /20__ Card issued : Yes / No (if Yes): Date of Issue : ___ / ___ /20__

(If No) ; Reason _____

Signature: _____

Name: _____

Designation: _____

Signature of
Assistant Registrar (SAA)

Students & Academic Affairs Section, BUIITEMS