



**Department of Statistics**  
**Bahauddin Zakariya University, Multan**  
**REGISTRATION FORM**



**Zakariyan Alumni of Statistics (ZAS)**

Registration No. (Leave blank for official use): ZAS-\_\_\_\_\_

**Personal Information**

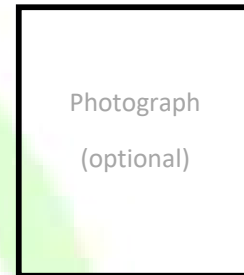
**Name (Mr./ Ms./ Dr.):** \_\_\_\_\_

**Gender:** Male/Female **Date of Birth (dd-mm-yyyy):** \_\_\_\_\_ **Blood Group:** \_\_\_\_

**Nationality:** \_\_\_\_\_ **CNIC No.:**

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**Mobile No.:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_



**The Last (latest) Degree Earned from the Department of Statistics, BZU, Multan**

Degree Title	Joining Year	Passing Year	Roll No.	Remarks
<b>Any other degree from the Department of Statistics, BZU?</b>				

**Career Details**

Please, tick the appropriate response       No Job       Self-employed       Job/Service

(in case of Job/Service, please, respond to the following items)

**Present Job Title:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Official Address:** \_\_\_\_\_

**Office No.:** \_\_\_\_\_

**Consent Required**

Query	Yes	No
1. Do you allow to add you to the ZAS' WhatsApp Group? If Yes! Please, provide your WhatsApp No. :	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you allow to add your Contact and Address Details for the Printed/Online Directory by ZAS?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you allow to share (if) any important update regarding you on social media under ZAS?	<input type="checkbox"/>	<input type="checkbox"/>

**For Office Use**

Registration Request     Accepted     Declined

\_\_\_\_\_  
Applicant's Signature with Date

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Founding President

