

# IAP REUNION DINNER & SOCIAL EVEINING 2019

## Followed by Inaugural Session of ICAP-2019

Date/Day: 6<sup>th</sup> February 2019, Wednesday

Time: 6pm to 9pm

Venue: Pearl Continental Hotel the Mall, Lahore

Dinner Contribution: Rs. 2500/=

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female

Place of Employment / Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Total Experience (No of Years): \_\_\_\_\_

Temporary Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone (Off): \_\_\_\_\_ Phone (Res): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

### For Verification as an Alumnus:-

*Session:	_____													
*Program:	BS	<input type="checkbox"/>	M.Sc.	<input type="checkbox"/>	M Phil	<input type="checkbox"/>	Ph.D.	<input type="checkbox"/>						
*Roll No:	_____													
*Degree Sr. No:	_____													
*Transcript Sr. No:	_____													
*CNIC No:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>

### Please indicate the capacity / area in which you will volunteer to facilitate alumni forum

<input type="checkbox"/> Academic / Research	<input type="checkbox"/> Funding / Financial Assistance
<input type="checkbox"/> Event Organization	<input type="checkbox"/> Career Counseling
Any Other (please specify) _____	

For further information, please contact: Registration Committee

Phone: 042-99231235; Email: [icap2019.registration@pu.edu.pk](mailto:icap2019.registration@pu.edu.pk)

Account No. 01827901174803

Account Title: Chief Organizer ICAPP PSY

HBL, New Campus, Punjab University

Institute of Applied Psychology, University of the Punjab New Campus, Lahore

Contact Person in Institute: Dr. Shahnila Tariq: +92-333-4652351; Mr. Faiz Younas: +92-323-4116004;

Mr. Mohammad Jamil (Accounts Office)