

Ser No: _____

MEMBERSHIP FORM FOR FITNESS GYM

Photograph
1" x 1"

Faculty Support Staff NSTP Tenant Alumni Students Families

MEMBER INFORMATION

Name (Mr / Mrs / Ms)

S/O, D/O, W/O

Date of Birth

 CNIC No

Present Residential Address

Perm Residential Address

School / Institution / Dte / Company _____

Category of Students **UG** **PG** Semester _____

Mobile Number: _____

Recommended / Not Recommended

Date: _____

AD Sports

Recommended / Not Recommended

Date: _____

DD Sports