



**Society for
Co-curricular
Activities**

**MEMBER
REGISTRATION
FORM**

Name: _____ ID: _____

Email: _____ Cell # _____

Program: _____ Blood Group _____

C.G.P.A: _____

Signature

Certificates & Awards: _____

Declaration:

I have provided all the information to the best of my knowledge and belief. I acknowledge that my membership will be ceased in case of any disciplinary action or failing to meet other conditions which are considered as pre-requisites to become a member of the aforesaid club.

For Office Use Only

Received By _____

Date: _____

Acknowledgement

Name _____

Position (Accepted for) _____

Ref # QAC-SCA _____

Supervisory Committee _____

Date: _____