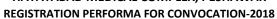


## PAKISTAN INSTITUTE OF COMMUNITY OPHTHALMOLOGY HAYATABAD MEDICAL COMPLEX, PESHAWAR



Part I: General and	Academic Inform	mation					
NAME (As per Degre	ee)						
Father's Name:							
Domicile(District)							
CNIC NO:		—					
Title of Degree							
	I		Contact :				
Res		Office Ph:		Cell No:			
Email ID:		1					L
Residential Add:							
		Ι		<b></b>	1		
Present Official Add	lress:						
Employment							
Occupation (if Any)				Designation:			
		Р	art II (Fee Deposit Dea	atil)	•		
Convocation Registration Fee (Non Refundabable)		Rs. 2500/-	Bank Receipt No.		Dated:		
Part-III (Guest Deatails)		Guest -I		Guest -II			
Name in Block Letters							
Relation with degre	e holder:						
CNIC No.							

## Instruction:

- Please attach NIC/Passport copies of yours & Parent if any) along with this form and
- Submit to Mr. Samiuddin (Lecture Optometry) at Pakistan Institute of Community Ophtlamology, HMC, Phase IV, Hayatabad, Peshawar
- Please bring orignal NIC /Passport of yours & Parent (if any) along with you on Convocation
- Kindly attach Bank Draft of Rs. 2500/- for local student with form payble to PICO, BOK Phase III Chowk , Jamrud Road, Hayatabad, Peshawar
- Foreign Students will submit 50 USD to PICO Account at their arrival
- Children are not allowed in Convocation Ceremony.

## For Further Enquiry :

Tel: +92 91 92 17 425 +92 302 88 55 384 Email: sami@pico.org.pk, samisania@hotmail.com