



PAKISTAN INSTITUTE OF COMMUNITY OPHTHALMOLOGY  
HAYATABAD MEDICAL COMPLEX, PESHAWAR  
REGISTRATION PERFORMA FOR CONVOCATION-2018



Part I: General and Academic Information							
NAME (As per Degree)							
Father's Name:							
Domicile(District)							
CNIC NO:		_____			_____		
Title of Degree							
<b>Contact :</b>							
Res		Office Ph:		Cell No:			
Email ID:							
Residential Add:							
Present Official Address:							
Employment							
Occupation (if Any)				Designation:			
<b>Part II (Fee Deposit Deatil)</b>							
Convocation Registration Fee (Non Refundable)		Rs. 2500/-	Bank Receipt No.		Dated:		
Part-III (Guest Deatils )		Guest -I			Guest -II		
Name in Block Letters							
Relation with degree 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 Ophthalmology, HMC, Phase IV, Hayatabad, Peshawar
- ✳ Please bring original NIC /Passport of yours & Parent (if any) along with you on Convocation
- ✳ Kindly attach Bank Draft of Rs. 2500/- for local student with form payable 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