

IWFM ALUMNI REGISTRATION FORM

Passport size
Photograph
(Attach a
digital copy if
submitting
electronically)

1. Name :
2. Date of Birth (Optional) :
3. Nationality :
4. Sex : Male Female
5. Blood Group :
6. Father's Name :
7. Mother's Name :
8. Degree
(Earned from IWFM, check all that applies): PG. Dip. M.Sc. Ph.D.
First enrollment (Semester and Year):
Student No.:
Graduation (Semester and Year):
Supervisor:
9. Present Position :
(Designation and Organization)
10. Professional Information :
(Briefly state specialty / expertise area & experience)

11. Mailing Address :

12. Permanent Address :

13. Mobile phone No. :
14. Telephone No. :
15. E-mail :
16. Fax :