

Alumni Department of Microbiology

University of Karachi

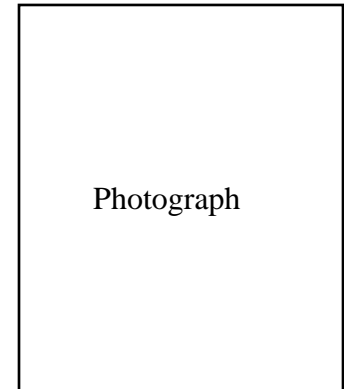
Information Collection Form

Name: _____

Father's name: _____

Year of graduation: _____

Current attachment/ affiliation: _____



(Optional)

Contact details

Email address: _____

Cell number /WhatsApp number: _____

The form can be submitted to the Department of Microbiology, University of Karachi, or may be uploaded to the Facebook page <https://www.facebook.com/pages/category/Not-a-Business/Department-of-Microbiology-UoK-111627260246520> or directly WhatsApp on +92 333 1360357