



SHABAB UL EIDIZ ZAHABI
AL MOHALLATUL BURHANIYAH HAIDERY - KARACHI
New Membership Registration form

Registration No. _____

Full Name _____

Surname _____

eJamaat No

CNIC No

Qualification _____

Interested
Khidmat Area _____

Photo 3.5" x 4.5"

Member of any other association

Members in Dawat IDARA'S

- | | |
|----------|----------|
| 1) _____ | 1) _____ |
| 2) _____ | 2) _____ |
| 3) _____ | 3) _____ |

Name of the Company/Firm/Clinic/Business _____

Address _____

Contact No Mobil email address _____
Land line no

Recommended by _____

Signature

(NOTE :Member's must have to follow the Daerato Shabab rules and regulation.)

FOR OFFICE USE

Registration fee Rs. _____ Receipt No. _____ Date _____

Joining date _____ CORE No. _____

Authorized representative of
SEZ-AMB

Secretary SEZ-AMB