



REGISTRATION FORM

Lahore College for Women University

Principal / Headmistress Name: \_\_\_\_\_

Activity Coordinator Name / Mobile No: \_\_\_\_\_

College Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Coordinator E- Mail: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Registration and Fee Submission:

Total Number of Participants:

Total Fee:

Note: You can also download submission/ Registration form from [www.lcwu.edu.pk](http://www.lcwu.edu.pk)

Signature of the Principal / Authority:

\_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE

College Name: \_\_\_\_\_

No of Participants: \_\_\_\_\_

Total Fee received: \_\_\_\_\_

Signature of dealing Person: \_\_\_\_\_