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|  | **Pakistan Society of Civil Engineers** | E:\Tyqa\PSCE\PSCE-Logo.png |
|  | **38, Block 1, Sector B-1, Township, Lahore, Pakistan** |  |
|  | **Tel: +92 42 35213356-7, Email:** [**psce@psce.org.pk**](mailto:psce@psce.org.pk) **Web:** [**www.psce.org.pk**](http://www.psce.org.pk) |  |

**STUDENT ASSOCIATESHIP APPLICATION FORM**

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| **For Office Use Only** |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| Application No. |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| PSCE No. |  | | | | | | | |  | | | | | | | | | | | Recent Passport Size | | | | | | | |
|  |  | | | | | | | |  | | | | | | | | | | | Photograph | | | | | | | |
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| Date |  | | | | | | | | Gender | | | | | | | | | | | 🞎 | Male | | | 🞎 | Female | | |
| Name |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| Father’s Name |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |
| CNIC Number |  |  |  |  |  | - |  |  | |  |  |  |  |  | | - |  |  | | | | | | | | | |
| Permanent Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | Post/Zip Code | | | | |  |  |  |  |  |  |  |  |
| Mailing Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | Post/Zip Code | | | | |  |  |  |  |  |  |  |  |
| Telephones |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Mobile | | | | | | | | | | | | | Area Code | | | | | | Land Line | | | | | | | |
| E-mail |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skype Account Name |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic Association |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discipline/Program |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institution |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country |  | | | | | | | | | | | | | | | | | | | Start Year | | | |  |  |  |  |
| **Declaration:** I, the Applicant, solemnly declare and undertake that:   1. All the information, provided in this Student Associateship Application Form, is correct to the best of my knowledge and belief. 2. If granted a Student Associateship of the PSCE, I will duly observe and abide by all the articles, rules, regulations and codes of conduct of the PSCE, for the time being in force. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s Signatures |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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*The said Student Associates of the PSCE shall have no role in the operations of the PSCE.*