

**Consent for Membership of Academic Staff Association
University of Agriculture Faisalabad**

I

working as

in the Department/Institute

of the University of

Agriculture Faisalabad hereby willingly give my consent to be member of the Academic Staff Association of the University, and authorize the UAF to deduct the ASA membership fee on monthly basis from my salary.

Dr. Mr. Ms.

Signatures:

Information for Registration with ASA
to give opinion, suggestions and vote on important issues

Name:

CNIC No.:

Designation:

Department/Institute:

Cell No.:

WhatsApp No. (if different from above):

Email:

Postal address:

Signatures: