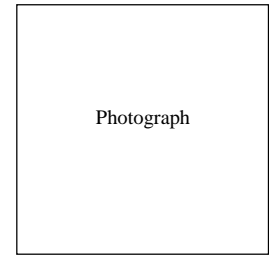


COURSE REGISTRATION FORM

(USE CAPITAL LETTERS TO FILL)



| COURSE APPLIED FOR |
|--------------------|
| |

| PERSONAL INFORMATION | | | | |
|------------------------|--|--------------------|----|----|
| Name: | | Marital Status: | | |
| Father/Husband's Name: | | Present Address: | | |
| Nationality: | | Permanent Address: | | |
| CNIC #: | | E-mail Address: | | |
| Date Of Birth: | | Res. Tel. # | 1) | 2) |
| Religion: | | Mobile # | 1) | 2) |

| ACADEMIC / PROFESSIONAL QUALIFICATIONS | | | | |
|--|-----------|----------|--------------|--------------------|
| Qualification | Institute | Subjects | Passing Year | Division/Grade/GPA |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| WORK EXPERIENCE (If Any) | | |
|--------------------------|-------------|-----------|
| Organisation | Designation | From / To |
| | | |
| | | |
| | | |
| | | |

| Linguistic Skills | | Computer Skills | |
|-------------------|--|-----------------|--|
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |

| ADDITIONAL INFORMATION (If Any) |
|---------------------------------|
| |

COURSE REGISTRATION FORM

(USE CAPITAL LETTERS TO FILL)

| | | | |
|--|--|-------------------------|--|
| Declaration: I confirm that the information provided by me in this registration form is correct and up-to-date, any misleading or wrong information will be considered enough for cancellation of my registration and / or certification. | | | |
| Student's Name: | | Parent/Guardian's Name: | |
| Date: | | Date: | |
| Signature: | | Signature: | |

| Registration Procedure | Course Registration Fee (Non Refundable) | | |
|---|--|-----------|--|
| Submit duly filled original registration form along with CV, photocopies of relevant academic and professional documents, CNIC (03 copies) and three passport size photographs. | FOO Initial | Rs. 500/= | |
| | Other Courses | Rs. 300/= | |
| | Please tick <input type="checkbox"/> the appropriate "BOX" | | |

For Office Use Only

| Fee Mode Of Payment | Course ID | Course Duration | Student ID | Name & Desig. | Signature |
|----------------------------------|-----------|-----------------|------------|---------------|-----------|
| | | | | | |
| Official Remarks (If Any) | | | | | |
| | | | | | |