

## COURSE REGISTRATION FORM

THIS FORM IS MENDATORY FOR ADMISSIONS INQUIRIES, PRIOR TO ADMISSION TO DISCUSS THE PROPECTIVE STUDENTS ENROLLMENT AND SUITABILITY FOR ADMISSION.

APPLICATION DATE

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FORM NO.

PERSONAL DETAILS

PLEASE WRITE IN BLOCK LETTERS

Title (Mr./Miss/Mrs.)

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First Name

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Middle Name

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Last Name

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CNIC NO.

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Email ID

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Date of Birth

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GENDER

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Profession \_\_\_\_\_ Qualification \_\_\_\_\_

PASSPORT No. (If Applicable)

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Postal Address for Correspondence

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City \_\_\_\_\_ Province \_\_\_\_\_

PERMANENT ADDRESS

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Course Title

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Amount Paid

Advance \_\_\_\_\_ Remaining \_\_\_\_\_

Applicant Sign

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For Office Use Only

Course Title

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Batch No

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Course Registration Date

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Payment Received

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Registration No

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