

 **Registration No.\_\_\_\_\_\_\_**

**Registration Form for Refresher Course**

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

 Photograph

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle No (if any)\_\_\_\_\_\_\_\_\_\_

Other Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Record**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree/Certificate** | **Year of Passing** | **Month of Passing** | **Name of College / University** | **Grade / Division** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Work Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company** | **Title / Position** | **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Participant’s Signature**

**Please submit the following with the form**

* Fee Deposit Slip
* Two photograph (one should be 1” x 1” )
* Copy of CNIC