



Registration Form for Refresher Course

Name: _____

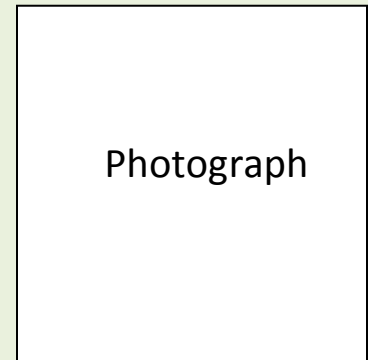
Date of Birth: _____ CNIC No. _____

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