



**Registration Form for Refresher Course**

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

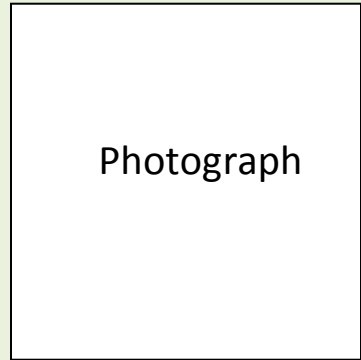
Date of Birth: \_\_\_\_\_ CNIC No. \_\_\_\_\_

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