



BUSINESS ENGLISH & SKILL DEVELOPMENT PROGRAM

From: _____ to _____

Class Timings: _____ to _____

*2 Recent
Photographs (1x1)*

REGISTRATION FORM

Name	
Qualification	
Address	
Occupation	
Name of Company/ Educational Institute	
Designation	
Experience (# of Years)	
Mobile Number	
Email Address	
NIC number	
Course	<input type="checkbox"/> Business English Program <input type="checkbox"/> Advance Interactive English

Documents Attached:

Copy of CNIC 2 Photographs

Copy of Intermediate/A levels Marks Sheet in case of Advance Interactive English Course

Note: Participants with less than 16 days of attendance or score less than 60% at the end of the course will not be awarded Certificate.

Applicant's Signature _____

Date _____