

ADMISSION FORM

Serial No : _____ Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name (Block Letter): Date of Birth

Father's Name: Mother's Name:

Present Address:

Parmanent Address:

Phone: Cell: Email: ID:

Referred by: Cell: ID:

Educational Qualifications:

Name of Examination	Passing Year	Group/Subject	Board/University	Result
SSC/Dakhil/Vocational				
HSC/Alim/Diploma				
Graduation				

Other Educational Qualifications (if any):

Job Experience (if any): Year(s) Job Position:

Job Description:

.....

Please specify your course of interest from the followings:

Diploma **Bechelor** **Masters**

Discipline:

Course Duration

- 4 Years Program (Regular)
- 3 Years Program (Professional)
- 2 Years Program (RPL*)

* RPL - Recognition of Prior Learning

Mode & Method of Study

Regular Professional RPL **Dual Accreditation****

Study Support

On Campus On Campus On Campus Nationally (BTEB/IEB)
 Off Campus Off Campus Off Campus Internationally WCU (UNESCO)

Total Cost of Program :

Declaration:

I certify that the statement made by me herein complete and true to the best of my knowledge and belief. I understand that any willful mis-statement tenders me liable to dismissal from the Institute. I further declare that I shall abide by all the rules and regulations of the Institute as may be amended from time to time including those of discipline.

** Dual Accreditaion authorities are: 1. WCU for International Accreditation. 2. National accreditaion subject to passing the test administrated by BTEB/IEB

Student's Signature

Guardian/Reference Signature

Authorised Signature