

COURSE REGISTRATION FORM

(Please Print in Block Letters and check all boxes as appropriate. Enter NA for Not Applicable)

Today's date: ____ / ____ / ____ (DD / MM / YYYY)						
CANDIDATE INFORMATION						
Candidate's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?		(Former name):	Birth date: __ / __ / __	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			N.I.C. No.:	Home phone #:		
			Email:			
			Mobile #:			
P.O. box:	City:		State:	Zip Code:		
Occupation:	Employer:			Employer phone #: ()		
Highest Education Completed : <input type="checkbox"/> Ph. D <input type="checkbox"/> MD/MBBS <input type="checkbox"/> M.Sc / M. Phil <input type="checkbox"/> BS / B.Sc						
Educational Support: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> Please Specify: _____						
Net Monthly Income: <input type="checkbox"/> 15,000 <input type="checkbox"/> 16-30,000 <input type="checkbox"/> above 30,000 (PKR – Pakistan Rupees)						
Please Select Session Option: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other: _____						
Course Venue: (Please tick any one)		<input type="checkbox"/> On- Site	<input type="checkbox"/> Online	<input type="checkbox"/> On Location: _____		

Education			Percentile	Division / GPA	School / College / University
Matriculation	<input type="checkbox"/>	GCE/O'Levels	<input type="checkbox"/>		
Intermediate	<input type="checkbox"/>	GCE/A'Levels	<input type="checkbox"/>		
BS/B.Sc.	<input type="checkbox"/>				
MS/ M.Sc.	<input type="checkbox"/>				
MD/ MBBS	<input type="checkbox"/>	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th			
Ph.D/ D.Sc.	<input type="checkbox"/>				
Diploma/ Other	<input type="checkbox"/>				

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to candidate:	Home phone #: ()	Work phone #: ()

The above information is true to the best of my knowledge. I understand that I am financially responsible for all payments, including the installation payment option, if accorded.

Candidate Signature _____
Date

FOR OFFICE USE ONLY		
Points: Scholarship: Sponsor:	Batch No: Student No: Admission Date:	Authorizing Official: _____