Center for Advanced Studies in Engineering

PROFESSIONAL DEVELOPMENT CENTER

REGISTRATION FORM

NAME OF DIPLOMA / PROGRAM: _____

CNIC No: | | | | | | | | | | | | | | |

NAME: _____

ADDRESS: _____

CONTACT No. Phone_____ Mobile_____

EMAIL: _____

QUALIFICATIONS:

Degree / Diploma	Year	University / Institute

ORGANIZATION _____ JOB TITLE _____

FIELD OF EXPERIENCE _____ No. OF YEARS _____

FINANCED BY ☐ Organization ☐ Self Finance ☐ Other _____

How did you find us? ☐ Email ☐ Newspaper ☐ Other_____

_____ _____

Applicant's Signature Date

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Amount: ……..
Mode: **Cash / Cheque / Bank Draft**
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Registration No.

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Asst. Program Manager Program Manager

Note : Registration fee Rs. 5000/- (adjustable in course fee)- must be accompanied with this Form