



BUILD YOUR SKILLS, NOT YOUR RESUME

ADMISSION FORM

SESSION _____

APPLICANT'S NAME _____ S/O _____

CNIC NO.

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ADDRESS (DO NOT REPEAT NAME AGAIN) _____

CITY _____ STATE _____ ZIP/POSTAL CODE _____

EMERGENCY CONTACT NO. _____ GUARDIAN'S CONTACT NO. _____

APPLICANT'S CONTACT NO. _____ E-MAIL _____

DATE OF BIRTH	SEX	MARITAL STATUS	RELIGION
DD	MM	YYYY	MALE
			FEMALE
		SINGLE	MARRIED

▶ ACADEMIC RECORD:

YEAR	QUALIFICATIONS	NAME OF INSTITUTION	BOARD / UNIVERSITY

▶ SELECT COURSE/ SERVICES:

CONSULTANCY

IELTS
 SPOKEN ENGLISH
 DUOLINGO
 LANGUAGE CERT
 OIETC

DARAZ
 DIGITAL MARKETING
 GRAPHICS DESIGN

FEES DEPOSITED AMOUNT RS. _____ RECEIPT NO. _____ DATE

DD	MM	YYYY
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RECEIVED BY _____

VERIFIED BY _____