



# REGISTRATION FORM

ONLINE COURSE

Basic German Language Course

Invoice/Form #: \_\_\_\_\_

Date: \_\_\_\_\_



Student's Photograph

Name of Student: \_\_\_\_\_

Father's Name: \_\_\_\_\_

CNIC: \_\_\_\_\_

Latest Qualification: \_\_\_\_\_

University/College/Institute: \_\_\_\_\_

Department: \_\_\_\_\_

Contact Number Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Residential Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

<p><u>Course Schedule</u></p> <p>September 18, 2017 for a period of four months  Days and Time:  Mondays and Wednesdays (2:30 pm – 4:30 pm)</p>	
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\_\_\_\_\_  
Application received by (person name and signature)

\_\_\_\_\_  
Student's Signature

-----For Office use only-----

Fees of the Course: **Rs. 2000** (Four Months fee for video conferencing), **Rs. 4000** (Four months fee for webinar)

Mode of payment (choose one):  Cash  DD  PO

Deposit Slip/DD/PO No.: \_\_\_\_\_ Name of Bank & Branch: \_\_\_\_\_

Date of Deposit/Transfer into Bank: \_\_\_\_\_

Title of Account: "Specialized Skill Development Program" Account No. 010-2392-1

Name of Bank: United Bank Ltd.

Branch Code and Name: (1146), University Campus Branch, Karachi, Pakistan.

Invoice/Form #: \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Accounts Officer

\_\_\_\_\_  
Manager VEPP

\_\_\_\_\_  
Director ICCBS