



REGISTRATION FORM



ONLINE COURSE ARABIC LANGUAGE

Invoice/Form #: _____
Date: _____
Name of Student: _____
Father's Name: _____
CNIC: _____
Latest Qualification: _____
University/College/Institute: _____
Department: _____
Mobile: _____ Alternate Contact Num: _____

**Student
photograph**

Residential Address: _____

E-mail Address: _____

Program Schedule: January 15, 2018
Days and Time: **Mondays and Wednesdays Time: 2:00 p.m.-4:00 p.m.**

Student's Signature

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

Registration Fee: Rs. 2000/- (Video Conferencing) Rs.4000/- (Webinar)

Mode of payment : 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.

Send soft copy of registration form along with DD/PO: iccbs.vepp@gmail.com

Post hard copy at: "**National Coordination Office, Virtual Education Project Pakistan (VEPP), 2nd Floor, Latif Ebrahim Jamal (L.E.J) National Science Information Center (ICCBS), University of Karachi, Karachi- 75270**"

Receipt No.: _____

Date: _____

Accounts Officer

Manager VEPP

Director ICCBS