

IQRA UNIVERISTY- ISLAMABAD CAMPUS

CSS PREPARTORY CLASSES

REGISTRATION FORM

Please attach a
passport size picture
here.

FULL NAME OF APPLICANT (IN BLOCK)

GENDER MALE FEMALE **CONTACT NO:** _____

Date of Birth: D M Y **CNIC:** _____

DOMICILE: _____ **AGE:** _____

CURRENT ADDRESS:

EMPLOYED (Please Check) YES NO

IN CASE OF YES

EMPLOYER: _____ **DESIGNATION:** _____

EDUCATIONAL QUALIFICATIONS

CERTIFICATE	BOARD	PASSING YEAR	GRADE/ DIVISION	MARKS	%	MAJOR SUBJECTS
SSC						
HSC						
GRADUATION						
POST GRADUATION						
ANY OTHER						

*(PLEASE ATTACH ATTESTED DOCUMENTS WITH THIS FORM)

APPLICANT'S SIGNATURE

DATE
