REGISTRATION FORM

ONLINE COURSE
Basic Chinese Language Program-IV

Invoice/Form #: ____________________
Date: ____________________

Name of Student: ______________________________________
Father’s Name: ______________________________________
CNIC: ______________________________________
Latest Qualification: ______________________________________
University/College/Institute: ________________________________
Department: ________________________________
Contact Number Home: __________________________ Mobile: __________________________
Residential Address: ________________________________
E-mail Address: ______________________________________

Course Schedule
September 13, 2016 for the period of four months
Days and Time: Tuesdays and Thursdays (2:00 pm-4:00 pm)

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