



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