



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: _____
Residential Address: _____
E-mail Address: _____

**Student
photograph**

Program Schedule: July 25, 2016
Days and Time: **Mondays and Wednesdays Time: 2:00 p.m.-4:00 p.m.**

Student's Signature

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

Fee of the Course: Rs. 1000/month (Video Conferencing) Rs.2000/month (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.

Send soft copy of registration form along with DD/PO: sheeba.naz@iccs.edu

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