



## COURSE REGISTRATION FORM

(Please Print in Block Letters and check all boxes as appropriate. Enter NA for Not Applicable)

| Today's date:  |                                  |                |             |   |   |   |   |
|--|----------------------------------|----------------|-------------|---|---|---|---|
| CANDIDATE INFORMATION  |                                  |                |             |   |   |   |   |
| Candidate's last name:   |                                  | First:         | Middle:     | <input type="checkbox"/> Mr.<br><input type="checkbox"/> Mrs. | <input type="checkbox"/> Miss<br><input type="checkbox"/> Ms. | Marital status (circle one)<br>Single / Mar |   |
| Is this your legal name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If not, what is your legal name? | (Former name): |             |   | Birth date:<br>/ /  | Age:  | Sex:<br><input type="checkbox"/> M <input type="checkbox"/> F |
| Street address:  |                                  |                | N.I.C. no.: |   | Home phone no.:   |   |   |
|  |                                  |                | Email:      |   | ( )   |   |   |
|  |                                  |                | Mobile:     |   |   |   |   |
| P.O. box:  |                                  | City:          |             | State:  |   | ZIP Code:                                   |   |
| Occupation:  |                                  | Employer:      |             |   | Employer phone no.:   |   |   |
|  |                                  |                |             |   | ( )   |   |   |
| Highest Education Completed: <input type="checkbox"/> Ph.D <input type="checkbox"/> MD/MBBS <input type="checkbox"/> M.Sc/ M.Phil <input type="checkbox"/> BS/ B.Sc                            |                                  |                |             |   |   |   |   |
| Educational Support: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Alternate Source of Funding <input type="checkbox"/> Please Specify: _____       |                                  |                |             |   |   |   |   |
| Net Monthly Income: <input type="checkbox"/> 15,000 <input type="checkbox"/> 16-30,000 <input type="checkbox"/> above 30,000 (PKR – Pakistan Rupees) <input type="checkbox"/> _____ (US\$)     |                                  |                |             |   |   |   |   |
| Please Select Session Option: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer  |                                  |                |             |   |   |   |   |
| Select Preferred Timings for Course Instruction: <input type="checkbox"/> Morning (09:00-11:00) <input type="checkbox"/> Afternoon (16:00-1800) <input type="checkbox"/> Evening (18:00-20:00) |                                  |                |             |   |   |   |   |

| Education         |  | Percentile | Division/<br>GPA | School/ College/ University |
|-------------------|--|------------|------------------|-----------------------------|
| Matriculation     | <input type="checkbox"/> GCE/ 'O'Levels <input type="checkbox"/>   |            |                  |                             |
| Intermediate      | <input type="checkbox"/> GCE/ 'A' Levels <input type="checkbox"/>  |            |                  |                             |
| BS/ B.Sc.         | <input type="checkbox"/>   |            |                  |                             |
| MS/ M.Sc.         | <input type="checkbox"/>   |            |                  |                             |
| MD/ MBBS          | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th |            |                  |                             |
| Ph.D/ D.Sc.       | <input type="checkbox"/>   |            |                  |                             |
| Diploma/<br>Other | <input type="checkbox"/>   |            |                  |                             |

### IN CASE OF EMERGENCY

|  |                            |                 |                 |
|--|----------------------------|-----------------|-----------------|
| Name of local friend or relative (not living at same address): | Relationship to candidate: | Home phone no.: | Work phone no.: |
|  |                            | ( )             | ( )             |

The above information is true to the best of my knowledge. I understand that I am financially responsible for all payments, including the installation payment option, if accorded.

\_\_\_\_\_  
*Candidate Signature*

\_\_\_\_\_  
*Date*

### FOR OFFICE USE ONLY

|              |                 |                             |
|--------------|-----------------|-----------------------------|
| Points:      | Batch No:       |                             |
| Scholarship: | Student No:     |                             |
| Sponsor:     | Admission Date: | Authorizing Official: _____ |