



Short Course Title: _____

Course Date _____

REGISTRATION FORM

Please fill and sign the Registration Form and send it along with crossed cheque / pay order favoring 'PIFFA Training Institute' for each candidate. The fee is non-refundable. For Online payment: Bank Al Habib Limited, A/C # 1053-0071-006512-01-9 IBAN # PK67BAHL1053007100651201

APPLICANT'S PARTICULARS			
Name:			
Father's Name:			
Date of Birth:			
Designation:			
CNIC #: (attach copy)			
Academic Qualification:			
Other Qualification:			
Contact #: (Tel)		Cell Ph:	
E-mail: (official)		Personal:	
Emergency Contact #: (office)		Res:	
Experience: (with sponsor)		In Industry:	
SPONSOR'S PARTICULARS			
Company Name:			
Contact Person:			
Designation:			
Email ID:			
Contact #: (Tel)		Cell Ph:	
Address:			
Applicant Signature & Date	Signature & Stamp Sponsor	Please affix recent photo	