



## REGISTRATION FORM



### ONLINE COURSE FIT FOR GERMANY

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: February 29, 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. 2000/month (Video Conferencing)  Rs. 3000/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](mailto:sheeba.naz@iccs.edu), [ammara.usman@iccs.edu](mailto:ammara.usman@iccs.edu)  
Post hard copy at: "National Coordination Office, Virtual Education Project Pakistan (VEPP), 2<sup>nd</sup> 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