



# REGISTRATION FORM

Registration Code \_\_\_\_\_

## APPLICANT'S INFORMATION

First Name	<input type="text"/>	Surname	<input type="text"/>
Organization	<input type="text"/>	Job Title	<input type="text"/>
Department	<input type="text"/>	Home Address	<input type="text"/>
Email address	<input type="text"/>	City	<input type="text"/>
Land line #	<input type="text"/>	Mobile #	<input type="text"/>

## COURSES (Please select course code(s) and title(s) from course list and mention below.)

S#	Course Code	Course Title	Fee (Rs)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount			<input type="text"/>

## QUALIFICATION

S#	Degree Title	University
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## PAYMENT INFORMATION (Deposit course fee in ABL and attach the original deposit slip with your registration form.)

<b>Bank</b>	Allied Bank Limited, G-11 Markaz, Islamabad
<b>Account Title</b>	Elikser Consultancy Pvt. Ltd.
<b>Account Number</b>	0010049195330013
<b>Branch Code</b>	0140948

## FROM WHERE DID YOU HEAR ABOUT US?

Website  
  Social Media  
  Out Door Ad  
  Flyer  
  Brochure

## DECLARATION

I, \_\_\_\_\_, CNIC \_\_\_\_\_, hereby declare this information to be true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## APPLICANT'S RECEIPT

Registration Code \_\_\_\_\_

Name of Applicant	<input type="text"/>
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## COURSES ( Please select course code(s) and title(s) from course list and mention below )

S#	Course Code	Course Title	Fee (Rs)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount			<input type="text"/>

\_\_\_\_\_  
Name of Elikser employee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date