



TEXTILE INSTITUTE OF PAKISTAN.

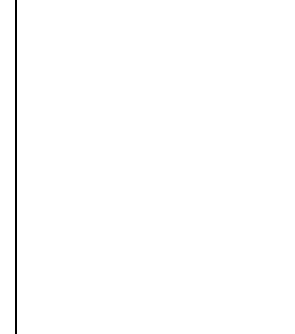
Department of Short Courses.

REGISTRATION FORM

(TO BE FILLED IN SEPARATELY BY/FOR EACH CANDIDATE AND FOR EACH WORKSHOP)

Mr. _____

Nic #: _____



In case of Self Financed Candidates:

PASTE YOUR PICTURE ABOVE THIS LINE

SIGNATURES

Basic Qualification: _____

Year of graduation: _____

In case of Corporate Nominees:

Name of the Organization: _____

Designation: _____

Contact Details:

Address: _____

Email: _____

Voice: _____ **Cell:** _____

Program Code and Options: (Please see details overleaf and circle the appropriate)

WW – 1 3 5 7 9 11 13 15 17

MW - 2 4 6 8 10 12 14 16 18

Timings: 09:30 hrs -17:00 hrs

(Please attach a crossed cheque/Pay order or Demand draft equivalent to the fee for the workshop(s) opted for, payable to the Department of Short Courses – TIP, dated at least 15 days prior to the date of start of the course opted for.)

For official use only:

Accepted/Declined

Roll#/Class Room:

Dates:

Timings:

Fee Status:

REGISTRAR