



(free)

**NED University of Engineering & Technology
Centre for Continuing Engineering Education (CCEE)**

F/SOP/ACADEMY 01/04/00

REGISTRATION FORM

COURSE TITLE: _____

NAME: _____
(in Block Letters)

Source of Information	
<input type="radio"/> Newspaper	<input type="radio"/> Email
<input type="radio"/> Website	<input type="radio"/> Facebook
<input type="radio"/> Twitter	<input type="radio"/> Other

FATHER'S NAME: _____
(in Block Letters)

GENDER: _____ **QUALIFICATION:** _____
(Provide photocopy of last Degree)

POSTAL ADDRESS: _____

TEL / MOBILE NO: _____ **E-MAIL:** _____

CNIC NO: _____ **PEC REG. # (For Engineers only)** _____
(Mandatory if applying for CPD point)

FOR NOMINATED OFFICERS / PARTICIPANTS

**NOMINATING AUTHORITY
(Name & Designation):** _____

ORGANIZATION: _____

ADDRESS (Organization): _____

_____ **CONTACT No:** _____

Signature _____

(for office use)