



DHA SUFFA UNIVERSITY

DG-78, Off Khyaban-e-Tufail, Phase-VII (Extension), DHA, Karachi – 75500



PROFESSIONAL DEVELOPMENT CENTER

REGISTRATION FORM

Recent color
passport size
photograph
(Compulsory)

Course/Workshop/Seminar Title: _____

PERSONAL DATA (Please write your name clearly in block letters. This will be printed on your certificate)

First Name: _____ Middle Name: _____ Last Name: _____

Marital Status: Single Married Others _____ Date of Birth: _____

CNIC Number: _____

Residential Address: _____

Telephone # (Res): _____ Mobile # _____

Email (Personal): _____ Email (Work): _____

Name of Institution/Organization/Company: _____

Address: _____

Telephone #: _____ Fax: _____ Email: _____

Current Position: _____ Total Work Experience (In Years): _____

Title of activities previously attended at PDC, DSU with Date: _____

Fee payment: Self School/Organization/Company Others: _____

Documents to attach:

1. Passport-size color photograph (one)
2. Photocopy of CNIC (one)

I certify that the information I have provided in this application is complete and accurate.

Date: _____

Signature of Applicant

NB: Certificate will be issued subject to receipt of all documents, fees, required attendance & clearance on tasks/assignments.