Islamic Research Institute, International Islamic University, Islamabad

APPLICATION FORM FOR REGISTRATION										
UNDERGRADUATE TRAINING ON RESEARCH AND TECHNICAL WRITING				Please mark the relevant training programn				POSTGRADUATE TRAINING ON ACADEMIC RESEARCH AND SCIENTIFIC WRITING		
Name						Father's Name				
CNIC/Passport No.						Roll No./Reg. No.				
Programme/Dept.						Faculty/Institute				
Contact No.							Email			
Permanent address										
ACADEMIC QUALIFICATION OF THE APPLICANT										
Name of Degree/Diploma	,	Institute			Year of passing		Grade/Division/CGPA		Discipline/Field o Studies	
SSC/O Level										
Intermediate/A Level										
B.A/B.Sc										
LLB/M.A/BS										
LLM/MS/M.PHIL										
PhD										
Motivational statement of the applicant Please describe why you would like to complete this training?										
★ I hereby certify that all above information is correct to the best of my knowledge										
Dated:					Signature (Candidate)					
Departmental Recommendation This is to certify that the above mentioned applicant is bonafied student of this department and recommended for participation in the training workshop										
Dated:					Dean/Head/Incharge Faculty/Department					

Official Stamp