



# IRI RESEARCH AND ACADEMIC WRITING TRAINING PROGRAMMES



Organised by  
Islamic Research Institute,  
International Islamic University, Islamabad

## APPLICATION FORM FOR REGISTRATION

Please mark the relevant training programme

<b>Undergraduate Programme</b>	<input type="checkbox"/>	<b>Postgraduate Programme</b>	<input type="checkbox"/>
<b>Name</b>		<b>Father's Name</b>	
<b>Roll No./Reg. No.</b>		<b>CNIC/Passport No.</b>	
<b>Programme</b>		<b>Discipline</b>	
<b>Department</b>		<b>Faculty</b>	
<b>Starting date of Programme</b>		<b>Expected date of completion</b>	
<b>Topic of Research (If Applicable)</b>			
<b>Area of Specialisation</b>			
<b>Contact No.</b>			
<b>Email</b>			
<b>Permanent mailing address</b>			

## ACADEMIC QUALIFICATION OF THE APPLICANT

Name of Degree/Diploma	Institute	Year of passing	Grade/Division/CGPA	Discipline/Field of Studies
SSC/O Level				
Intermediate/A Level				
B.A/B.Sc				
LLB/M.A/BS				
LLM/MS/M.PHIL				
PhD				

**PUBLICATIONS**

<b>Sr.#</b>	<b>Title of the Publication</b>	<b>Name of Journal</b>	<b>Vol., Issue No., Year</b>	<b>Co-author if any</b>
1				
2				
3				
4				
5				

**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**