



REGISTRATION FORM

LOGIX COLLEGE

Course Name: _____

Reg. No.
(For College)

Photo

Personal Information

Applicant Name: _____

CNIC#:

Don't have CNIC

Male: Female: Marital Status: Single Married

Blood Group: _____

Date of Birth: ^D ^D - ^M ^M - ^Y ^Y

Home Address: _____
City: _____

Office / Educational Institute Address: _____

Contact: Home: _____ Office: _____
Mobile: _____ E-mail: _____

Father/Guardian Information

Father's Name: _____ Guardian Name: _____

Relationship: _____ Occupation: _____ Designation: _____

Mobile No.: _____ PTCL No: _____

E-mail: _____ CNIC #:

Application Education

Last Degree: _____ Year: _____ Board/University: _____

Professional Course/Diploma: _____ Year: _____ Institute: _____

Source: _____

NOTE: Please attach the following:- (1) Passport Size Photo. (2) Photo Copy Of N.I.C Card (Personal/Father)

I hereby declare that the above information is true to the best of my knowledge. I have studied all the T&C on the reverse side of this form. I agree to abide by the terms & conditions as and when stipulated by LOGIX COLLEGE.

Signature: _____ Date: _____