SINCE-2000

REGISTRATION FORM

www.logix.edu.pk

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 #: _____

Applicant Education

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

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

How did you come to know about LOGIX College: _____

NOTE Please attach the following:-
- 4 Passport Size Photos
- 2 CNIC/B-Form Copies (Personal/Father)
- 2 Copies of Last Educational Documents

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: _____

LOGIX COLLEGE

▶ MAIN CAMPUS
info@logix.edu.pk
▶ UMER CAMPUS
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048-3220901 048-3768486 0346-8665800
80 Jail Road, Sargodha.
0344-3724999