



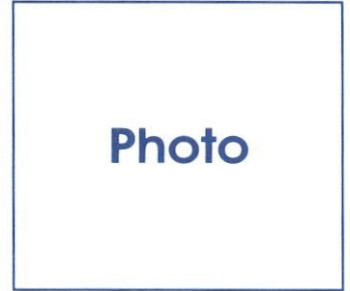
REGISTRATION FORM

www.logix.edu.pk

LOGIX COLLEGE

Course Name: _____

Reg. No.
(For College)



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

Attached the following documents and send to cdo@logix.edu.pk

- Passport Size Photos
- CNIC/B-Form Copies (Personal/Father)
- 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

📍 Club Road, Shama Chowk, Opp. Passport Office, Sargodha.

📍 80 Jail Road, Sargodha.

☎ 048-3220901 ☎ 048-3768486 📠 0346-8665800

📠 0344-3724999