INSTITUTE OF PROFESSIONAL & TECHNICAL STUDIES (IPATS)

Affiliated with SDC-Government of Pakistan

Web: www.ipatsedu.com E-mail: ipatsedu@gmail.com

ADMISSION FORM

PERSONAL INFORMATION

Name of Candidate				Photo
Father's Name				
Date of Birth	**Day**	**Month**	**Year**	
Gender	☐ Male	☐ **Female**		
Marital Status				
CNIC		-	-	
Address				
City		**Postal Code**		
Phone		**Mobile**		
Email				

EDUCATION

Year of Passing	Degree	Subject	Board/University

COURSE DETAIL

Course Title				
Duration	☐ **3 Months**	☐ **6 Months**	☐ **1 Year**	☐ **2 Years**
Session				

REQUIREMENT:

a) 3 Passport Size Pictures **b) CNIC Copy**

c) Latest Educational Certificate Copy **STUDENT SIGNATURE**

FOR OFFICE USE ONLY

Reg. No.		**Roll No.**	
Date of Registration		**Completion Date**	

(Admin Officer) Name/Sig. & Stamp _____

INSTITUTE OF PROFESSIONAL AND TECHNICAL STUDIES (IPATS)

HEAD OFFICE: 2ND FLOOR, YASIR PLAZA, QADEER ROAD, KHANNA PUL, RAWALPINDI

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