أكاديمية الشريعة
الجامعة الإسلامية العالمية إسلام آباد

4 DAYS WORKSHOP ON "ISLAMIC FINANCE" FOR UNIVERSITY GRADUATES
25-28 JANUARY 2016

REGISTRATION FORM

One Photo
Passport Size

Name _____

Father's Name _____

CNIC No. | | | | | | – | | | | | | | | | – | |

University/Institute _____

Faculty/Department _____

Degree Program _____

Contact Number _____

Email _____

Permanent Address of Candidate _____

_____

UNDERTAKING:

I undertake to abide by the discipline/procedure of the Shari`ah Academy, International Islamic University Islamabad, during training.

_____
Signature of Candidate

FOR OFFICE USE

Serial No. _____ **Registration No.** _____

Signature _____

Attachments:
Please provide following while submitting this registration form;

1. Student Card issued by the University/Institute.
2. Receipt of Registration Fee amounting PRs. 1000/- (Rupees one thousands only)