

# REGISTRATION FORM for CERTIFICATE COURSES

Registration #.-----

Name :----- Father's Name: -----

Qualification :----- Institute: -----

Address :-----

Tele: ----- Email: -----

Semester:----- Year:-----

Select the Courses you are interested to Opt:

1. -----
2. -----
3. -----
4. -----
5. -----

**Note: Courses being offered as Certificate Course.**

**Please read the following points carefully:**

- (i) I have deposited the requisite fee vide Challan #.-----dated:-----
- (ii) Certified that the particulars given above are correct.
- (iii) NIP reserves the rights of withdrawing the admission if the student's conduct behaviour is unsatisfactory.
- (iv) Fee once deposited CANNOT BE refunded under any circumstances.
- (v) The attendance rules of NIP will be applied strictly.

Signature of Student: -----

Dated: -----

Teaching Coordinator:----- Director:-----

*For queries contact: +92 (051) 9064-4146*