



BESDP REGISTRATION FORM

From: _____ to _____

Class Timings: _____ to _____

*2 Recent
Photographs
(1x1)*

Participant Details	
Name	
CNIC #	
Address	
Organization	
Job Title	
NIC	
Preferred Email	
Mobile Number	
Course Title	
Sponsoring Person's Details (or person to whom invoice will be sent)	
Name	
Department	
Job Title	
Business Address	
Preferred Email	
Mobile Number	

Documents Attached: Copy of CNIC 2 Photographs
 Copy of Intermediate/A levels Marks Sheet in case of Advance Interactive English Course

Note: Participants with less than 16 days of attendance or score less than 60% at the end of the course will not be awarded Certificate.

Applicant's Signature

Date

Business English and Skill Development Program
 Institute of Business Administration.
 City Campus Off. Garden Road, Karachi-74400.
 Tel: 021-111 422 422; 021-38104700-01 Ext. 1806, 1541