

Skills Development Program

REGISTRATION FORM

Please note:

- **This application is composed of three parts.** The application will be reviewed once it is fully completed.
- **Part 1 (a)** required company details, **Part 1 (b)** is to be completed by a sponsoring official and **Part 2** by the applicant(s).
- Copy **Part 2**(Page 2&3) for more applicants.

Please indicate the Program:	
Date of the Program:	
Number of Participants Nominated:	

PART 1 (a)–Employer/Company details

Employer Details	
Name of Employer/Head of Department/Sponsoring Officer	
Designation	
Department	
Organization	
Business Address	
Telephone	
Fax	
Mobile	
E-mail	

PART 1 (b)-To be completed by Sponsoring Officer (E.g. CEO, Finance Head, HR Head, T&D Head, etc.)

Billing Details (for sponsoring details and/or sending invoices)	
Name of Employer/Head of Department/Sponsoring Officer/ Head of Finance/ etc.	
Designation	
Department	
Organization	
NTN #	
Business Address	
Telephone	
Fax	
Mobile	
E-mail	

Group Discount (if applicable)

Comments:

Please Attach
Two Recent
(1x1)Photographs

Signature & Stamp of Sponsoring Official: _____ Date: _____

PART 2- Personal Application Form

Please fill all sections. Make sure correct name spellings for certificates.

Participant Details							
Title: (Mr., Ms., Dr., etc.)							
First Name (BLOCK CAPITAL)							
Last Name (BLOCK CAPITAL)							
CNIC #							
Date of Birth (DD/MM/YEAR)							
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Others				
Last Degree/Qualification							
Present Designation							
Present Department							
Present Organization							
Preferred Email							
Mobile Number							
Postal Address							
Vehicle #							
IBA Alumni	No	Yes	If Yes, Batch	Program			

Your Functional Areas: (Please X the relevant box)

1. R&D	
2. Finance/Control/Accounting/Audit/ Treasury	
3. Sales/Distribution/Marketing/Advertising/PR	
4. Human Resource & Administration/ Learning & Development/Trainings	
5. Manufacturing/Production/Technical	
6. Logistics/Supply Chain Management	
7. Technology/Knowledge Management	
8. Consulting/Legal	

9. General management	
10. Education management	
11. Teacher/Trainer	
Other functional management (Please specify)	

How did you hear about the program?

<input type="checkbox"/>	Senior Official
<input type="checkbox"/>	Colleague
<input type="checkbox"/>	Human Resources Department
<input type="checkbox"/>	Through Email
<input type="checkbox"/>	Word of mouth
<input type="checkbox"/>	Social Networks
<input type="checkbox"/>	IBA's website
<input type="checkbox"/>	Advertisement (Please specify the publication) _____

Other (Please specify) _____

Fee Details:

Fee per person (PKR)	
Number of Participants	
Total Fee (PKR)	

Payment Method (Tick the relevant option & provide details):

<input checked="" type="checkbox"/>	<u>Payment Options</u>	<u>Voucher #/PO#/Chq#</u>	<u>Stamp Date</u>
<input type="checkbox"/>	Invoice		
<input type="checkbox"/>	Pay Order		
<input type="checkbox"/>	Fee Voucher*		

*"How to fill fee voucher" on page 5

Note: Fee is not acceptable in cash or cheque at our office.

IBA reserves the right for cancellation of any workshop in case of contingency. Please note that the registration is limited on first come first serve basis, therefore, confirm your registration **5 days before the workshop.**

IBA being an educational institution is exempt from tax under Clause 92, Part 1 Second Schedule, of Income Tax Ordinance 2001. Tax exemption certificate and NTN # is available at <http://iba.edu.pk/finance.php>

Cancellation Policy:

Cancellation charges are as follows

5 days before start of workshop	No Cancellation Charges
Within 4 days prior to workshop	50% of the program charges
1 day prior to workshop	100% of the program charges
During the workshop	No refund

Checklist for Documents:

- Two copies of CNIC
- Four 1 X 1 colored photographs for registration form & vehicle entry
- Copy of Intermediate/A levels Marks Sheet in case of Interactive English/Advance Interactive English Course & Academic Proficiency Program
- Copy of the last degree/transcript for all other courses
- Vehicle Entry Form (Page 7)
- Copy of vehicle registration paper (1st three pages)
- Copy of driver's license
- Copy of SDP card (to be submitted when received from SDP program office)

Note:

Participants with less than 90% attendance at the end of the course will not be awarded Certificate (applicable for all short courses of duration less than 40 hours)

Participants with less than 80% of attendance or score less than 60% at the end of the course will not be awarded Certificate (applicable for 40+ hours courses)

Applicant's Signature: _____ **Date:** _____

The completed Application Form can be either attached to an email and sent to besdp@iba.edu.pk or printed and posted to our mailing address:

**Skill Development Program, Center for Executive Education,
Institute of Business Administration, City Campus, Garden/Kayani Shaheed Road, Karachi, Pakistan**

For more information, please visit our website: <http://sdp.iba.edu.pk/> or contact us

Contact: Center for Executive Education, Institute of Business Administration,
City Campus, Garden/Kayani Shaheed Road, Karachi, Pakistan.

Tel: (021) 38104700 (Ext: 1801, 1541)

Fax: (021) 38103008

Email: besdp@iba.edu.pk

Website: <http://sdp.iba.edu.pk/>

Facebook: <https://www.facebook.com/IbaBusinessenglish>

LinkedIn: <http://www.linkedin.com/pub/besdp-iba/77/704/259>

Adding Skills to Experience

How to fill fee voucher:

Step 1: Click on the link (or copy the link in your browser) https://webapps.iba.edu.pk/fee_voucher/

Step 2: Fill in the complete form

Bank	Faysal Bank
Do you have an ERP ID?	No
ERP/System Generated #	
Program	
Name	
Email	
Amount	
Semester	Fall 2017
Fee Type	Skill Development Program Fee
Date	
Branch Name (Optional)	
Cheque/PO # (Optional)	

Select "Faysal Bank" for payment. Fee can be deposited in any branch of Faysal Bank

Non-regular students should select 'No'

System will auto generate an ERP #

Specify the Course/workshop you are applying for e.g. Business Communication, Excel 2010

Select date of payment

Step 3: Click "Submit", print the fee voucher and submit the voucher in Faysal Bank

Step 4: Submit the Program Office copy of the fee voucher along with the registration form at the Skill Development Program, IBA City Campus

Temporary Entry Pass Requisition Form
(Recommender copy to be retained by Security Office)



Mr / Ms: _____ CNIC No: _____ Temporarily Engaged / Working in

IBA Karachi Main / City Campus As: _____ Department: _____

He / She is authorized to enter in IBA Karachi Main / City Campus From: _____ To _____

He/ She is maintaining Vehicle Reg No: _____ Make _____ Model _____ Color _____

Recommended by:

Signature: _____

Name & Stamp: _____

Designation: _____

Department: _____

Date: _____

Instructions:

- Temporary Entry Pass Requisition Form needs to be recommended by respective Departmental Head.
- Attach 01 attested photocopy of CNIC & 02 – photograph (3x3 cm size).
- Attach 01 set of photocopy of first 03 pages of vehicle Registration book & valid Driving License.
- Duration of Temporary Entry pass shall not extend more than three (03) months.

TEMPORARY ENTRY PASS



Mr / Ms: _____ CNIC No: _____ Temporarily Engaged / Working in

IBA Karachi Main / City Campus As: _____ Department: _____

He / She is authorized to enter in IBA Karachi Main / City Campus From: _____ To: _____

Veh Reg No: _____ Make: _____ Model: _____ Color: _____

YOU ARE REQUESTED TO COOPERATE WITH SECURITY STAFF ON DUTY AVOID ANY CONFRONTATION & DISCUSSION WITH THEM IN CASE OF COMPLAIN INFORM SECURITY OFFICE IMMEDIATELY. ON THE RECEIPT OF ANY COMPLAIN BY IBA / KARACHI UNIVERSITY SECURITY OR LAW ENFORCEMENT AGENCY ABOUT MISUSE OF ENTRY PASS IT WOULD BE CANCELLED WITH ASSIGNING ANY REASON OR NOTICE.

Issuing Authority: Sign, Name & Stamp.
Issued by Security Office,
IBA Main / City Campus Karachi.

Date: _____