

SDP REGISTRATION FORM

Please note:

- **This application is composed of two parts.** The application will be reviewed once it is fully completed.
- **Part 1** 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-To be completed by Sponsoring Officer (E.g. CEO, HR Head, T&D Head, L&D etc.)

| Sponsoring Officer Details | |
|----------------------------|--|
| Name of sponsoring person | |
| Designation | |
| Department | |
| Organization | |
| Business Address | |
| | |
| Telephone | |
| Fax | |
| Mobile | |
| E-mail | |

Signature of Sponsoring Official: _____ **Date:** _____

Please Attach
Two Recent
(1x1)Photographs

PART 2– Personal Application Form

Please fill all sections. Please 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 | | | | | | | |
| 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 Mail |
| <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) _____

Checklist for Documents:

- Documents Attached
- Copy of CNIC
- Two 1 X 1 Photographs
- Copy of Intermediate/A levels Marks Sheet in case of Advance Interactive English Course & Academic Proficiency Program

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 BE&SDP@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**

Payment Method:

Step 1: Click on the link (or copy the link in your browser) http://140.174.69.133/fee_vouchers/

Step 2: Fill in the complete form

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

| | |
|-------------|-------------------------------|
| BANK | Faysal Bank |
| ERP ID | 123 |
| PROGRAM | |
| NAME | |
| EMAIL | |
| AMOUNT | |
| Semester | Summer 2014 |
| FEE Type | Skill Development Program Fee |
| DATE | |
| Branch Name | |
| Cheque/PO # | |

Insert "123" as default ERP ID

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

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

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://www.iba.edu.pk/finance.phpl>

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 |

For more information, please visit our website: www.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: BE&SDP@iba.edu.pk

Website: <http://cee.iba.edu.pk/BEnSDP.shtml>

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

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

Adding Skills to Experience