



KHAWAJA FAREED UNIVERSITY OF ENGINEERING AND INFORMATION TECHNOLOGY, RAHIM YAR KHAN

Registration Form for Short Courses

Challan No. (Attach challan form): _____

Course Name: _____

Name _____

Father's Name _____

Date of Birth _____

C.N.I.C No _____

Address: _____

Contact No: _____ Emergency Contact No.: _____

Education/Qualification _____

Organization/Institution Name _____

Preference Timing _____

TERMS:

1. I agree that I will behave as per university conduct while in the course.
2. I agree that I will be solely responsible for any unfortunate risk happen to me or to the institution.

Signature: _____

(Attach copy of ID card)

Name: _____

For Office Use only

Registration No.: _____

Head of Short Courses

Coordinator