

CAREER POINT INSTITUTE OF SKILLS DEVELOPMENT

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☎ 091-2247732

Dated: _____

Student Name: _____

Father Name: _____

Date of Birth: _____ Nationality: _____

Address: _____

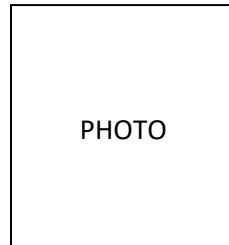
Education: _____ Profession: _____

Contact No: _____ Duration: _____

ADMISSION IN COURSE: _____

Class Timing: Morning: _____ Evening: _____

STUDENT SIGNATURE: _____



FOR OFFICE USE ONLY

Starting Date: _____ Admission Fee: _____

Completion Date: _____ Received Fee: _____

Remaining Fee: _____

FEE RECEIVED.	NEXT FEE. DATE	REMARKS

Receipt No. _____

ADMISSION FORM