



SKILL PROFESSIONAL EDUCATION COUNCIL

Established under Education &
Professional skill Development Organization



ADMISSION FORM

PERSONAL INFORMATION

Name of Student					PHOTO
Father's Name					
Date of Birth	Day	Month	Year		
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
CNIC No.					
Address					
Mobile No.				Phone	
EDUCATION					
QUALIFICATION	PASSING YEAR	DIVISION	SUBJECT	BOARD / UNIVERSITY	
COURSE DETAIL					
Course Title					
Duration	<input type="checkbox"/> 4 Months	<input type="checkbox"/> 06 Months	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 Year	
Session					
Institute Name					
<input type="checkbox"/> I hereby declare that the above information is correct to the best of my knowledge.					

Student Signature
With Thumb Impression

Principal of Signature
with Official Stamp

FOR OFFICE USE ONLY

Reg. No.		Roll No.	
Date of Registration		Completion Date	

PRE-REQUISITE: 3 Passport Size Photographs, CNIC Copy, Educational Certificate Copy