



Through Experts -Since 1998

INSTITUTE OF MODERN LANGUAGES

Partner of: **GOETHE
INSTITUT
PAKISTAN**

REGISTRATION FORM

FORM NO: _____

DATE: _____

PERSONAL DETAILS:

Name (Mr. /Ms.): _____ Father /Spouse Name: _____

Date of Birth (DD/MM/YYYY): _____ / _____ / _____

Gender (M/F): _____ Nationality: _____ Occupation: _____

CONTACT DETAILS:

Address: _____

MOBILE No. _____ Email ID: _____

COURSE DETAILS:

Course Name: _____

Total Fee: **RS-**_____ Paid: **RS-**_____ Balance: **RS-**_____

CONSULTANCY: Study in Germany / Austria or any other Country _____

EDUCATION:

<i>Exam passed</i>	<i>Name of School / Board</i>	<i>Year</i>	<i>Main subjects</i>	<i>% of Marks</i>

(Note: Please submit this registration form by Email Or WhatsApp on 0311-5153899)