

HAQUE EDUCATIONAL & WELFARE TRUST®

HAQUE COMPUTER CENTRE

REGISTRATION FORM

Reg #. _____

COURSE TYPE: _____

Name: _____

Son/Daughter/Wife of: _____

Education: _____

CNIC #: _____

Profession: _____

Contact #: _____

Address: _____

Note: I _____ agree that in case of any violation of rules framed by Haque Vocational Centre. The centre can cancel/terminate my admission at any time.

Signature: _____

.....
Office Use Only

Approved/Not Approved

Course Type: _____ Course Duration: _____

Dated: _____

Counter Signed
General Secretary HEWT

Web: www.hwet.org ,

Email: info@hwet.org

Ph #:+92-51-5806823
