 

 **DIPLOMA IN DISASTER RISK MANAGEMENT**

 **REGISTRATION FORM**

|  |  |
| --- | --- |
| **Name (In Capital)**For Office Use OnlyApplication Date: Total Fee Advance: Roll Number:  |  |
| **Father’s Name** |  |
| **Date of Birth** |  |
| **NIC #** |  |  |  |  |  | **-** |  |  |  |  |  |  |  | **-** |  |
| **Job Title**  |  |
| **Organization** |  |
| **Designation** |  |
| **Experience(no of years)** |  |
| **Postal Address** | Home |  |
| Office |  |
|  **Contact Numbers** | Mobile |  |
| Landline |  |
| Office |  |

**QUALIFICATION FOR SZABIST ALUMNI AND STUDENTS**

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| --- |
| * Graduate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Passing year \_\_\_\_\_\_\_\_\_\_\_\_
* CGPA% \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|   |

* + - Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		- Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE

* **Organization’s letter must accompany this form, if financing is done by your employer.**
* **Duration of Diploma is 4 months and certificate would be given after 3 modules.**
* **Please enclose**
	+ **Copy of CV**
	+ **Copies of your last qualification, Copy of CNIC, and 2 recent photographs**
	+ **Cash / Bank Draft / Cheque of Rs.38500(This includes Diploma fee of Rs.28500 Plus Registration fee of Rs.10,000)**
	+ **In case of Registering for Certificate(Only First 3 Modules) Cash / Bank Draft / Cheque of**

**Rs. 24250(This includes Certificate Fee of Rs.14250 plus Registration Fee of Rs.10, 000)**

Signature with date

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**FOR OFFICE USE ONLY**

*Payment mode and status*

|  |  |
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| **PAYMENT FOR FULL DIPLOMA****(Rs.28500 plus Registration Fee of Rs.10,000)** | **CERTIFICATE FOR FIRST 3 MODULES****(Rs.14250 plus Registration Fee of Rs.10,000)** |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mode: Cheque / Cash / Bank DraftRef. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mode: Cheque / Cash / Bank DraftRef. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Note: 5% discount shall be provided in case of five or more nominations from organizations and for SZABIST Alumni/students.***

##### For Office Use Only

Application Date:

Total Fee

Advance:

Roll Number: