1. TEST CENTER

Baghdad-ul-Jadeed Campus, IUB

2. NAME in full

______________________________________________________________
(USE CAPITAL LETTERS)

3. FATHER’S NAME

______________________________________________________________
(USE CAPITAL LETTERS)

4. CN.I.C. ____________ __________________

5. DATE OF BIRTH

6. E-MAIL: ____________________________

7. Gender

Male  Female

8. CORRESPONDANCE POSTAL ADDRESS

_____________________________________________________
CITY ________________________
DISTRICT ________________________

9. PHONE NO. (OFF) ____________ (RES_) ____________ Mobile ____________

10. ACADEMIC RECORD

<table>
<thead>
<tr>
<th>Certificate/Degree</th>
<th>Major Subjects</th>
<th>Marks</th>
<th>Percentage</th>
<th>Board/University</th>
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</thead>
<tbody>
<tr>
<td>SSC / Equivalent</td>
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<tr>
<td>HSSC / Equivalent</td>
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<tr>
<td>Bachelors Degree (14 Years)</td>
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<tr>
<td>Masters/ Bachelors (Hons.) (16 Years)</td>
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UNDERTAKING BY THE APPLICANT

I __________________________ d/s/w of __________________________ do hereby solemnly affirm that the information given in this Registration form is true and correct to the best of my knowledge and belief. I fully understand that my false statement or omission/suppression of any material fact shall render me liable to disciplinary action and/or cancellation of my test.

Date: ____________

Signature of the candidate: ______________