

REGISTRATION FORM

Date: _____

1. Name in Full: _____
(Block Letters)

2. Father's Name: _____
(Block Letters)

3. Course to be Attended: _____

4. Course Dates: _____

5. CNIC # _____

6. Date of Birth: _____ 7. Gender: ☐ Male ☐ Female
D D M M Y Y Y Y

(Area code-Tel. Number)

8. Telephone Number: _____ Mobile _____

9. Email Address: _____

10. Present Address: _____

11. Permanent Address: _____

12. Current Job Title: _____

13. Job Experience:

S.No	Company	Joining Date	Leaving Date	Position Held

14. Qualification:

S.No	Institute / College	Start Date	End Date	Degree

15. Mode of Payment:

Online Transfer	Cheque	Cash

16. Terms & Conditions:

Signature _____

- Complete tuition fee must be paid in advance.
- Exam confirmation shall be done via email at least 30 days before the exam date.
- By filling and signing / sending this form via email, you agree that required particulars will be shared with NEBOSH / IOSH / British Council for registration purpose only and that you have understand all Terms & Conditions and Policy of NEBOSH & IOSH.

17. For Office Use Only:

Center Of Risk, Safety, Health & Environment

Office: A - 75, Block 12, Gulberg, F.B. Area, Karachi, Pakistan

Phone # 021-36342040-41, Cell # 0330-3166610, 0333-3353225

Email: corsespk@gmail.com, Website: www.corshe.com.pk

