



SUKKUR INSTITUTE OF BUSINESS ADMINISTRATION

APPLICATION FORM FOR CERTIFICATION COURSES

- | | |
|--|---|
| <input type="checkbox"/> CCNA | <input type="checkbox"/> MCSE |
| <input type="checkbox"/> * Web Engineering | <input type="checkbox"/> *Oracle 9i/10g (OCP) |
| <input type="checkbox"/> Web Designing | <input type="checkbox"/> Primavera |

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of the
passport Size

*Eligibility: B.C.S/M.C.S/M.Sc/DIT

*Pre-requisite: Any Programming language _____

Name of Applicant: _____

Male: Female:

Father's Name: _____

CNIC: _____

Mobile _____ Tel. _____

Email: _____

Address: _____

Nationality: _____

Religion: _____

Students of: **Sukkur IBA/ Other :** _____

Computer Course: _____

Degree	College/University	Percentage	Year of Passing

I declare that the information given above is correct and I hereby agree. If admitted to abide by the rules of the Institute and confirm to all rules regulations made by the Institute. Attendance is the compulsory.

Signature of Applicant

DIRECTOR
Sukkur IBA