

# Course Registration Form

Name *	<hr/>	<hr/>
(First)		(Last)
Father Name *	<hr/>	<hr/>
Father Occupation *	<hr/>	<hr/>
Address *	<hr/>	<hr/>
Phone Number *	<hr/>	<hr/>
Email *	<hr/>	<hr/>
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Highest Qualification *	<hr/>	<hr/>
Skill Level *	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance	
Course Category *	<input type="checkbox"/> Graphic Designing <input type="checkbox"/> Web Development <input type="checkbox"/> Digital Marketing	
Why you want to join this course? *	<hr/>	
Join Number?	<hr/>	<hr/>
Description *	<hr/>	<hr/>

I confirm that the information provided is accurate and I agree to follow the institute's rules and policies.