The Sufi Institute (TSI)

REGISTRATION FORM
Diploma in Philosophy (One-Year Program)

Personal Information

Full Name: _____

Husband/Father's Name: _____Surname_____

Date of Birth: _____ Gender: ☐ Male ☐ Female Nationality: _____

CNIC/Passport Number: _____Address: _____

_____

Phone Number: _____Email Address: _____

Educational Background *Attach certificates with CNIC with the registration form and email or post)*

Level	School/College/University	Year of Passing	Major Subjects	Percentage/ CGPA
Matriculation				
Intermediate				
Bachelor				
Master's				
Any other				

1. **Statement of Purpose:** Please explain why you wish to join this course and how it will contribute to your career growth.

   _____
   _____
   _____

Declaration

I hereby declare that the information provided in this registration form is accurate to the best of my knowledge. I understand that any false information may lead to disqualification from the program.

Signature of Applicant: _____**Date:** _____

For Official Use Only

- Application Received On: _____
- Application Status: ☐ Accepted ☐ Rejected
- Registration Number: _____
- Signature of Registration Officer: _____