



The Sufi Institute (TSI)

REGISTRATION FORM

Diploma in Sufi Thought & Orders (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: _____