



Harvard School

Of Learning Islamabad

- School of Linguistics
 School of Computing

1 recent passport size
photograph

Course want to study: _____

Personal Details

Name: _____

Father's Name: _____

Date of Birth: - Gender: Male Female

CNIC/B-form No.:

Phone No. (Res): _____ Mob: _____ E-mail: _____

Current Address: _____

Permanent Address: _____

Academic Qualification

Degree/Certificate	Subjects	Year	Marks/Percentage	Institute

Where did you hear about Harvard School of Learning Islamabad

News Paper Handbills Website Social Media Word of Mouth Friend

Others _____

Declaration

I hereby declare that the information furnished in this application is true according to best of my knowledge. Any kind of misrepresentation of facts will tantamount disqualification of my application for the above mentioned course.

Name _____

Signature _____

Date _____

OFFICE USE ONLY

REG No Allocated: _____ Date of Joining: _____

Copy of CNIC / Birth Certificate Submitted

Admission Fee Rs. _____ Paid _____

Received By: _____ Signature: _____

Administrator _____

Date: _____