



# IBS Islamabad Business School

Where Intellectual Meets

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Photograph

## EXECUTIVE TRAINING ENROLMENT FORM

Mode of Payment: Cheque/Demand Draft/Cash

### PERSONAL INFORMATION

Training Title:	
Name:	
Father Name	
CNIC No.	
Place of Birth	
Date of Birth (DD-MM-YY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Job Title	Shift <input type="checkbox"/> Morning <input type="checkbox"/> Evening
Official Mobile No.	Official Email:
Personal Mobile No.	Personal Email:
Landline #	In case of Emergency:
Office Address:	
Residence Address:	

### ACADEMIC BACKGROUND AND QUALIFICATIONS

Degree Awarded/Receive	Institution Name	Main Subject	Mark/Grade	Year

**PROFESSIONAL QUALIFICATIONS & WORK EXPERIENCE (Most recent first)**

Position	Name of Organization	Dates	
		From	To

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_

**FOR OFFICE USE ONLY**

RECOMMENDATION FOR THE EXECUTIVE TRAINING			
Fees Paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No
Receipt No.	Receipt Date		

Signature with date: \_\_\_\_\_