Workshop Enrollment Form

APPLICATION FORM

VIERNODE coworking space | LEARNIX

A PERSONAL INFORMATION

Full Name : _____ **Father Name** : _____

CNIC Number : _____ **Date Of Birth** : D D M M Y Y

Address : _____

Status : ☐ Single ☐ Married ☐ Divorce ☐ Others

City/Country : _____ **Gender** : ☐ Male ☐ Female

E-Mail : _____

Mobile No. : _____ **Whats App No.** : _____

B EDUCATIONAL INFORMATION

Current Qualification	Institute/University/College Name	Department Title

C BUSINESS INFORMATION (OPTIONAL)

Organization/Company Name	Job Title/Designation	Industry

D SKILLS & EXPERIENCE

Current Computer Skill Level : ☐ Beginner ☐ Intermediate ☐ Advanced

Have you previously attended a Microsoft Office workshop? ☐ Yes ☐ No

Do you plan to take the MOS Certification Exam? ☐ Yes ☐ No

DECLARATION

I confirm that the information provided is true and accurate. I agree to follow the workshop rules and understand that attendance is required to receive the participation certificate.

E OFFICE USE ONLY

Registration No. _____ **Workshop Name** _____

Batch / Session _____ **Workshop Venue** _____

Payment Method _____ **Certificate Issued** _____

Date of Joining

D D M M

Y Y Y Y

Participant Signature

How did you hear about this workshop? ☐ Website ☐ Social Media ☐ Friend/Referral ☐ Whats App

Authorized Signature

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