

● PLEASE PROVIDE TWO REFERENCES OF DHORAJI COMMUNITY MEMBERS WHO KNOW YOU OR YOUR PARENTS PERSONALLY.

NAME: _____	NAME: _____
SURNAME: _____	SURNAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
PHONE NO. _____	PHONE NO. _____

SIGNATURE OF APPLICANT: _____ SIGNATURE OF PARENT/ GUARDIAN _____

Note: Please submit this form at the office of Dhoraji Institute of Information Technology by February 15, 2020 along with the following:

- > Copies of Certificate, Mark sheet & Degree.
- > Copies of Dhoraji Association Membership Card & CNIC (Self, Father or Husband).
- > Please bring the original Birth Certificate for Hifz-e-Quran category.
- > Copy of Form "B".
- > Please bring the original Documents with you, for verification.

FOR OFFICIAL USE ONLY

Accept

Hold

Reject

Remarks _____

Checked & Verified by

Signature _____ Date _____

Name _____