



Directorate of Distance Education

University of Karachi

Registration Form for Online Certificate Courses

Paste
Photo

Name of Applicant: _____

Father's Name: _____

Address: _____

Occupation: _____ Organization: _____

Mobile 1: _____ Mobile 2: _____

Email 1: _____ Email 2: _____

Pay Order Amount: _____ No. _____ Date: _____

Drawn at: _____

Certificate Courses in which registration is required.

S #	Title of the Course
1.	
2.	
3.	
4.	
5	
6	

Note: Applicant can register in multiple certificate courses at the same time. Fee for each certificate course is 5000/- rupees.

Dated: _____

Signature of Applicant: _____

Documents Required:

- (1). Pay Order (drawn in favor of **University of Karachi**)
- (2). Copy of CNIC
- (3). Copy of last Degree/Certificate

*Please submit the filled-in registration form along with the relevant documents to the Directorate office between **10:00 am to 2:00 pm** (Monday to Friday) OR mail to the below address:*

The Director

Directorate of Distance Education, First Floor, Teacher Education Department,
University of Karachi, Karachi-75270, Pakistan, Direct Tel: (+92-21) 99261378
PABX: (+92-21) 99261300-7 Ext: 2366 E-mail: dde@uok.edu.pk