



Name* : As per Documents: (CNIC) Please complete using BLOCK CAPITALS		
Father's name:		
Address for Correspondence*:		
Permanent address*:(if different):		
Mobile*:	Tel:	Other:
Email*:		Nationality* :
Date of Birth*:		CNIC No*: -- --
Professional / Educational Background		
<input type="checkbox"/> Student		<input type="checkbox"/> Professional
Your Highest Qualification*:		
Company Name : *		Your Designation*:
Training Programs		
IOSH MS <input type="checkbox"/>	OSHA 30 HRS <input type="checkbox"/>	ISO Qualification <input type="checkbox"/>
IOSH SHB <input type="checkbox"/>	OSHA Advanced Diploma <input type="checkbox"/>	HSE Basic Training <input type="checkbox"/>
NEBOSH IGC <input type="checkbox"/>	Rig pass – IADC <input type="checkbox"/>	Others <input type="checkbox"/>
Details (Please specify) : *		
Please indicate whether English is your first language : * Yes <input type="checkbox"/> No <input type="checkbox"/>		
Course Fee / Package: (Please consult the Company Representative for Details):		
<input type="checkbox"/> Paying by Cash		<input type="checkbox"/> Paying by Cheque/Bank
<input type="checkbox"/> Please invoice my organization (If your organization is sponsoring this course)		
To receive the news, updates and other courses update From MOST Services please tick here: <input type="checkbox"/>		
<u>CERTIFICATION</u>		
I certify that to the best of my knowledge the information given on this form is true, complete and accurate and no information requested or other material information has been omitted and if I am admitted to the MOST services, I undertake to observe the company's regulations. I give my consent to the processing of my data by the MOST Services. I accept that, if I do not comply with these requirements, the company shall have the right to cancel my application and I shall have no claim against the company in relation thereto.		
<u>Refund Policy:</u>		
<ul style="list-style-type: none"> • All requests for refunds must be submitted to MOST Services in writing by mail, e-mail or fax and requested before the orientation of the training • 20% of the course fee will be deducted to all registered individuals who withdraw prior to the orientation. No refunds are available on or after that date. • No applicant's fee will be refunded if the training has been commenced. • No applicant's fee will be refunded if the amount is less than 20% of the total amount. 		
Date:	Location:	Candidate Signature:

Payment details	
DATE	
UPON REGISTRATION	
INSTALMENT PLAN	
Additional Fee <i>(i-e In case of adding new course / split charges/ Shipment charges):</i>	
TOTAL COURSE FEE:	
Candidate Signature:	

Remarks: _____

Coordinator: _____

Please tick if all the requirements below has been completed.

- Form completely filled
- Two CNIC copies attached
- Two passport size pictures attached
- One copy of matriculation or last educational document
- Experience letter (in case of level 6)
- Level 3 documents attached (in case of level 6)
- Passport (optional) (in case of level 6)
- Bank slip attached (in case of bank deposit)
- Fee deposited (via cash / bank)

MOST Service Pvt Ltd

Our aim is to deliver the full potential of health, safety and environment using up-to-the-minute tools and universal access to research and education in order to contribute to the society. With the development of new technologies, we strive to make a new enterprise of progress in your business for optimized growth and protection of your interests.