

QIR'AT COMPETITION
AT
THE CONSULATE OF PAKISTAN

Registration Form:

Name: _____ Age: _____ Grade: _____

Father's Name: _____ Telephone: _____

Address: _____

Originally From:

City: _____ Province: _____

Masjid / School /Center:

Name: _____

Address: _____

Teacher: _____ Telephone: _____

For Office Use Only:

Age Group: _____ Marks: _____ Position: _____

Judge: _____ Consulate General: _____