



**REGISTRATION FORM**

**NAME:**

**GENDER:**

MALE

FEMALE

**DATE OF BIRTH:**

**MOTHER'S NAME:**

**PARENT'S PHONE NUMBER:**

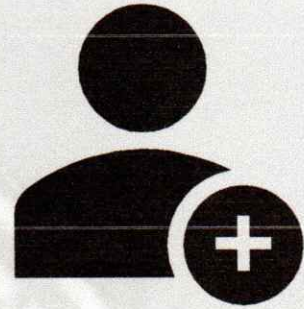
**ADDRESS:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**FACULTY:**

**PROGRAM:**



**Declaration:** I, \_\_\_\_\_, hereby declare that all the information provided in this registration form is true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Registrar's Signature:** \_\_\_\_\_

*Chief Registrar: Abdirahman Mahdi  
Registrar contact- 0638390002, 0634456709  
Email: registrar@boramauniversity.com*