SARHAD UNIVERSITY OF SCIENCE & INFORMATION TECHNOLOGY, PESHAWAR

Three-Day Capacity Building Workshop

for the Teachers of Azad Jammu & Kashmir

REGISTRATION FORM

1. **Name:** _____

2. **Father's Name:** _____

3. **CNIC No:** | | | | | | — | | | | | | | | — | |

4. **District of Domicile:** _____

5. **Date of Birth:** D D – M M – Y Y Y Y 6. **Cell No:** 0 3 | | — | | | | | | | |

7. **Email:** _____ 8. **Land Line No:** _____

9. **Postal Address:** _____

_____

10. **Qualification** _____

11. **Last HEI attended:** _____

Experience Details

Organization	Designation	From	To	Duration

12. **Experience (in years):** _____

Signature of the Candidate:_____ **Date:**_____