



TEACHERS REGISTRATION FORM

YOUR PERSONAL DETAILS

Name			
Father Name			
Date of Birth		CNIC No.	
Street Address			
City			
Cell Phone			
Emergency Phone			
Email Address			
Name of your School/College			
Class			
Main areas of Interest:			
<input type="checkbox"/> Poverty Alleviation (SDG 1) <input type="checkbox"/> Health (SDG 3) <input type="checkbox"/> Education (SDG 4) <input type="checkbox"/> Gender Equality (SDG 5) <input type="checkbox"/> Environment Protection (SDG 13)			
Agreement and Signature			
By submitting this application, I affirm that the facts set forth in it are true and complete. Any false statements, omissions, or other misrepresentations made by me on this application may result in immediate cancellation of my registration.			
Name (printed)			
Signature			
Date			

----- **For office use only** -----

Student Name _____
 Registration ID _____
 Approved By _____
 Signature _____
 Date _____