

S. No.

SECRETARIAT TRAINING INSTITUTE

REGISTRATION FORM

Title of Course:

FROM _____ To _____

1. Name:

2. Gender:

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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3. Qualifications:

4. CNIC #:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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5. Date of Birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Domicile	<input type="text"/>
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6. Marital Status:

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>
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7. Designation:

_____	BPS:	<input type="text"/>	<input type="text"/>
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8. Department Name:

9. Department Address:

10. Department Status:

Ministry / Division	<input type="checkbox"/>	Attached Deptt	<input type="checkbox"/>	Other	<input type="checkbox"/>
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11. In case of Attached Deptt.

Main Ministry/Division Name:

12. Office Telephone:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mob #:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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13. Email:

Website:

14. Date of entry into Government Service:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of appointment in the present post:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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15. Course(s) already attended, if any:

Date: _____

Signature: _____