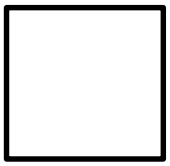
FACULTY QUALIFICATION PERFORMA



Name …… S/D/W …….

CNIC No. | | | | | | - | | | | | | | - | |

Age …… Gender Male ☐ Female ☐

Temporary Address ……

……

Permanent Address ……

……

Email …… Contact # ……

Current Working Details

1. Position held ……
2. Institution ……
3. Experience ……

PM&DC Reg. No. …… Date of Expiry ……

Professional Qualifications

Sr.#	Qualification	College / University	Year of Passing	Grade / Division

Note: Kindly mansion complete qualification data included Certificate Courses & Diplomas

…… ……

Signature of Candidate Date