



FACULTY QUALIFICATION PERFORMA



Name S/D/W

CNIC No.

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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 mention complete qualification data included Certificate Courses & Diplomas

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Signature of Candidate

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Date