

Participant Registration Form

Staff Training Institute

Establishment & Administration Department Govt. of Khyber Pakhtunkhwa Peshawar
Benevolent Fund Building, Saddar Road, Peshawar Cantt

Course Title:-

Registration No (for office use)
(Course code) (number)

Course No :

Duration of Course: From
(Days) (Month) (Year)

To
(Days) (Month) (Year)

A- Personal Details

(1) Name

(2) Father Name

(3) Gender Male Female

(4) Date of Birth
(Days) (Month) (Year)

(5) C.N.I.C No.

(6) Residential Address:

(7) Phone off: _____ Res: _____ Mobile _____

(8) Educational Qualification: _____

B- Service Details

(1) Date of First Appointment:
(Days) (Month) (Year)

(2) Designation in which appointed Grade Year

(3) Present Designation Grade Year

(4) Where you are posted (Tick one of the followings)

Secretariat Attached Deptt: Commissionerate District Govt. Merged Area Courts Others

(5) Department Place of Duty

(6) District of Posting

SIGNATUTRE OF THE PARTICIPANT _____