



# HIGHER EDUCATION COMMISSION

## Learning Innovation Division

### Registration Form

### ELT training under Transforming English Language Skills (TELS)

Title of Training / Course with dates: \_\_\_\_\_

Name (Mr/Ms/Mrs): \_\_\_\_\_ (in capital)

NIC No. \_\_\_\_\_

Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Academic qualifications: \_\_\_\_\_ Teaching Experience: \_\_\_\_\_

Name of the Institution: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_ Telephone No: (Off.) \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email address: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Medium of instruction at your place of work

Urdu  English  Any other (specify) \_\_\_\_\_

Have you attended any professional training course(s) before? Yes  No

If yes, mention the name of the course last attended

\_\_\_\_\_

\_\_\_\_\_

Signature of participants: \_\_\_\_\_ Date: \_\_\_\_\_

**Endorsed by HoD/Registrar of Institution:**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

