



The University of Faisalabad

Form No. _____

A. PROGRAM APPLIED FOR Certificate Course in Teaching and Learning (CTL)

For Office Use Only

University Registration

Semester / Year Enrollment

 /

Admitted

Form Receipt No

Not Admitted

Date of Receipt

Received by

Paste your recent colour photograph (1.5 x 1.5 inches)

Please do not staple

Admission Approved by Committee:

1.

2.

3.

Note: a. Use CAPITAL letters only.
b. Forms with over-writing will not be accepted. c. Mention your Telephone No with City

B. PERSONAL DETAILS

1. Name:

2. Date of Birth Date Month Year 3. Sex Male Female

4. CNIC No:

5. Tel (Res) _____ 6. Mobile: _____ 7. Email _____

8. Present Address _____ 9. City _____

10. Permanent Address _____ 11. City _____

12. Currently Employed in _____ 13. Designation: _____

14. Name of Organization _____

Applicant's Signatue: _____ Date: _____/_____/_____

Kindly Attach Attested Photocopy of your Professional degree along with your CNIC and send this application form along with documents to the office of Pro VC, The University of Faisalabad.