REGIONAL AGRICULTURAL ECONOMIC DEVELOPMENT CENTRE, VEHARI
Trainer Registration Form

Recent Photograph

1.   Name _____

2.   Father name _____

3.   CNIC #: _____Domicile _____

4.   Residential address _____

5.   Employment address_____

6.   E-Mail ID: _____Face book_____

7.   What s app _____ Phone/ Cell#_____
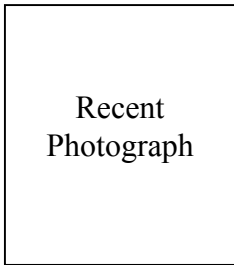
8.   **Academic Record/ Skill**

Degree/Certificate	Total Marks	Marks obtained	% age	Distinction
Metric				
FA/ F.Sc.				
BA/ B.Sc.				
MA/MSc.				
Others				
Experience				
Specialty				

9.   **Facilities Required**   **Necessary**   **Privileged**

>**Pick and Drop**   ☐   ☐
>**Residence required at vehari**   ☐   ☐
>**Remuneration**   (At least) ☐   As per Rules ☐
>**Any Others**

For office use only

Reg. No. --------------   **Trade. -----------------**

Remarks_____
_____
_____

Decision

                                                    CHIEF COORDINATOR
                                                    RAEDC, VEHARI