



آغا خان یونیورسٹی

THE AGA KHAN UNIVERSITY

Institute for Educational Development, Pakistan

Professional Development Centre, Karachi

REGISTRATION FORM

One recent color
passport-sized
photograph
(Compulsory)

PERSONAL DATA

Course Name: _____

First Name: _____ Middle Name: _____ Last Name: _____
(Please write your name clearly in block letters. This will be printed on your certificate.)

Marital Status: Single Married Other _____ Date of Birth: _____

C.N.I.C/Passport Number: _____

Residential Address: _____

Telephone # (Res): _____ Mobile # _____

Email (Personal): _____ Email (Work): _____

Name of School / Institution: _____

School / Institute Address: _____

Telephone #: _____ Fax # _____ Email: _____

Current Position: _____ Total Current Teaching Experience: _____

Teaching Level: Primary Secondary Post-secondary Others _____

Sector/ System: Government Private AKES, P Others _____

Name of course previously attended at AKU-IED/Dates: _____

Fee Payment: Self School / Institution Others _____

QUALIFICATIONS

PROFESSIONAL EXPERIENCE

Qualifications	Institution	Graduation Year

Previous place of employment	Teaching/Management Experience (Years)	Teaching levels/classes

Required Documents:

1. One passport-sized color photograph

2. One photocopy of C.N.I.C./Passport

NB: Certificate will be issued subject to receipt of all documents, fees, required attendance & clearance on task/assignments.

I certify that the information I have provided in this application is complete and accurate.

_____ Date

_____ Signature of Applicant