



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: _____

Photograph
Passport Size