



INSTITUTION REGISTRATION FORM

PLEASE FILL YOUR INSTITUTION DETAILS AND SEND IT TO YOUR CONCERNED BRANCH FOR REGISTRATION. ALSO ATTACH A COPY OF YOUR AFFILIATION LETTER.

Note: All the fields are mandatory and provided information must be correct.

Institute Code _____ Branch Code/Name _____ Institute Gender _____

Affiliation Type: Permanent Provisional

Institution Type: Government Semi Government Private

Institute Name _____

PTCL _____ District _____

Address _____

Please provide the IT admin details. (He will be authorized to login and use the online portal.)

Admin Name: _____ Admin Phone Number: _____

Designation: _____ Email Address _____

Date: _____

Signature & Stamp of Head of Institution