



## 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