

Registration Form

Minority Youth Exposure Program 2018-19

Dear Applicant, please fill this form and submit it as per the described procedure and instructions.

1. Personal Information

Name (As per CNIC)	
Father Name	
CNIC No.	
Institution/ Organization	
Position/ Profession	
Gender	
Religion/ Faith	
Domicile	
Date of Birth	
Postal Address	
Phone No.	
Cell No.	
Email	

2. Short description of your motivation for availing this opportunity, why you shall be selected for this exposure program? (200-250 words)



3. Short description of your experience and How can you benefit your community after attending this exposure program? (200-250 words)

4. Requirements:

1. CV
2. CNIC Copy
3. Domicile Copy
4. Undertaking

Note: Selections shall be made purely on merit basis and candidates fulfilling the basic criteria may be called for Interviews. Successful candidates shall be informed accordingly.

Applicants' Signature _____
I certify that all the provided information/ details are correct to the best of my knowledge.

Parent/ Guardian Name & Signature _____

Verified By (Signature & Insignia)
Deputy Commissioner (DC)/ ADC/ AC
Name & District

Or

Verified By (Signature & Insignia)
Vice Chancellor/ Director/ Principal
Name & Institution

