



**Roots National Institute of Teacher
 Training & Education (RNITTE)**
 74, Harley Street Rawalpindi
 Tel: +92 51 5568289-90 EXT-144
<http://www.rootsschool.edu.pk/RNITTE/index.html>
REGISTRATION FORM



RF-001
 Rev.01
 Issued on August 20, 2010
ISO 9001 Certified

An Institute of Roots School System

Which training you wish to attend?

FORM No.:

Date: - -

(Photograph)

Title: (Check One) Mr. Miss. Mrs. Dr. Engr.

(Passport size)

Name: _____
(BLOCK LETTERS)

Father / Husband's Name: _____

CNIC No.: - -

Date of Birth: - - **RSS's Employee:** Yes No

If "Yes", Designation: **Branch:**

Occupation:..... **Company /Institution:**

Present Address:

.....City :..... Country:

Contact No. (Tel Office) : (.....) - (.....), Tel (Res.) (.....)-(.....)

Mobile Ph. No.: (.....)-(.....), E-mail:

Academic Qualification:

Check only top degree / certificate/ diploma:

Matriculation "O" Level F.A F.Sc. "A" Level B.A B.Sc. M.A M.Sc. M.Phil P.h.D.

Would you like to be on our mailing list? Yes No

Would you like to receive RNITTE's newsletter? Yes No

Where did you hear about our workshop/event? Friend Newspaper Flyer Other:

Payment Details:

Payment Mode: Cash Demand Draft DD. No.:..... Cheque No.:

Amount (PKR):

Signature:

(FOR OFFICE USE ONLY)

Amount Received: Yes No Amount: Receipt No.:

Check List: Testimonial attached Yes No

DD / Cheque Received Yes No

Receipt Issued Yes No

Signature:.....

Date:/...../.....