

	<p>PROFORMA FOR TRAINER</p> <p>Province: -----</p> <p>District: -----</p> <p>Pro-forma filling Date: ----/----/----- (dd/mm/yyyy)</p>	
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Trainer Information	
Trainer Name	
CNIC #	
Residence Phone No.	
Cell No.	
Phone	
Office No.	
Email	
Expertise	

Qualification List

Level	Discipline	Passing Year	Obtain Marks	Total Marks
1. Matric 2. Intermediate 3. Bachelors 4. Master 5. Diploma (mention) 6. Others (mention)	1. Arts 2. Science 3. Information Technology 4. General Science 5. Others			

Teaching Experience List

Organization	Designation	Date From (dd/mm/yyyy)	Date To (dd/mm/yyyy)	Is Current Job

Done on ___ / ___ / ___ (dd/mm/yyyy) by (name) _____ Signature _____