



# **SINDH JUDICIAL ACADEMY**

## **REGISTRATION FORM FOR VISITING FACULTY**

1. Full Name: \_\_\_\_\_

2. C.N.I.C: No. \_\_\_\_\_

3. Designation: \_\_\_\_\_

4. Department: \_\_\_\_\_

5. Office Address: \_\_\_\_\_

\_\_\_\_\_

6. Residential Address: \_\_\_\_\_

\_\_\_\_\_

7. Contact Number: \_\_\_\_\_ Office Number: \_\_\_\_\_

8. Nation Tax Number (NTN): \_\_\_\_\_

\_\_\_\_\_  
Signature

**Note: Point number 02 is mandatory.**