**Resource Person Registration Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | |
| Organisation: | | |  | | | | |
| **department:** | | |  | | | | |
| **Address:** | | |  | | | | |
| **Professional Courses / Certifications conducted as a resource person** | | | | | | | |
| **S**# | **Course Description** | | | **Proposed Duration (with Tentative dates)** | **Previously conducted** | **If yes, where?** | **No. of Attendees** |
| 1 |  | | |  | yes / no |  |  |
|
| 2 |  | | |  | yes / no |  |  |
| 3 |  | | |  | yes / no |  |  |
| 4 |  | | |  | yes / no |  |  |
| 5 |  | | |  | yes / no |  |  |
| 6 |  | | |  | yes / no |  |  |
| 7 |  | | |  | yes / no |  |  |
| 8 |  | | |  | yes / no |  |  |
| 9 |  | | |  | yes / no |  |  |
| **Email:** | |  | | | **Phone:** |  | |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to register with ORIC-PD, CUI, Principal Seat as Resource Person to conduct Professional Development Courses / Certifications.

Signature: Date:

CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required for tax calculation purposes)