



**GOVERNMENT OF BALOCHISTAN
INFORMATION TECHNOLOGY DEPARTMENT**

IT TRAINING INSTITUTE, QUETTA
Phone :9239504, Fax: 2869388



itti@balochistan.gov.pk

REGISTRATION FORM

Name of Applicant

Father's Name

CNIC No. Applicant/Father - -

Date of Birth / / Gender Male Female

Qualification of the applicant

Category of Applicant (Please tick one): 1. Private 2. Child of Government Employee iii. Govt. Employee

if checked 2 or 3 then specify: i. Department

ii. Designation

Address

Contact Nos. i. Home ii. Mobile

iii. Office iv. Fax

Course applied Session M1 M2 E1 E2

Certified that : i. I will abide the rules and regulation laid by institute.

ii. The information given above is correct to the best of my knowledge & belief.

Signature of Applicant

CERTIFICATE FOR CATEGORY 2 & 3 APPLICANTS

Certified that the applicant or the father of applicant is working in this office as _____
and recommended for take part in above mentioned training.

Dated / /

Signature & Stamp of Authority

FOR OFFICE USE ONLY (Filled by Training Coordinator)

Batch No. Course Fee Exempted Session M1 M2 E1 E2

Recommended for admission in

Dated / /

Training Coordinator

Approved by Director ITTI

Form is also available at www.balochistan.gov.pk

Note : Please attach two photographs, copy of CNIC and official ID card with registration form.