



GOVERNMENT OF PAKISTAN
MINISTRY OF FEDERAL EDUCATION
AND PROFESSIONAL TRAININGS,
ISLAMABAD.

NATIONAL EDUCATION ASSESSMENT SYSTEM
(NEAS)



REGISTRATION FORM FOR TEST ADMINISTRATION TRAINING

VENUE OF TRAINING: _____

Province Name: _____

1. Name: _____

2. Designation: _____ 3. BPS: _____

4. Department/School Name: _____

5. Telephone: (Office) _____ 6. (Res): _____ 7. (Fax): _____

8. E-mail: _____

9. Mobile: _____

10. CNIC No:

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11. PIFRA Personal No. mentioned at computerized Pay Slip (if available): _____

12. Bank Name: _____

13. Bank Branch Code: _____

14. Bank Account No. _____

15. Bank Branch Address _____

16. School allotted for duty of test: _____

Signature: _____

Date: _____