



## ITALY-PAKISTAN FOOTWEAR TECHNOLOGICAL CENTER Registration Form

Date: \_\_\_\_\_ Training Course Name: \_\_\_\_\_

Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

E-mail address: \_\_\_\_\_

National ID Number: \_\_\_\_\_ Present Status: Employment Yes / No

Designation: \_\_\_\_\_ Company name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Experiences Years: (Shoe Designing) \_\_\_\_\_ Other Sectors: \_\_\_\_\_

Education: \_\_\_\_\_

Institute / Collage: \_\_\_\_\_

Computer Skills: (Tick Any) Ms Office, Excel, Power Point – Graphic – Shoemaster \_\_\_\_\_

Scholarship Required: Yes / No

Reasons for Scholarship: \_\_\_\_\_

\_\_\_\_\_  
Signature