



Sindh Indigenous & Traditional Crafts Company -SITCO

Registration Form

1. Name :_____
2. Father's Name :_____
3. CNIC:_____
4. Gender:_____
5. Age:_____
6. Contact No/WhatsApp No:_____
7. Email:_____
8. Address:_____
9. Occupation:_____ (If artisan go to question 13)
10. Department:_____
11. University:_____
12. Batch: _____ Year : _____
13. Craft:_____
14. Working / Business experience:_____
15. How do you know about this training?

☐ Word of mouth ☐ Social media ☐ Print media ☐ Other

Date :_____

Signature of Participant : _____

For Office Use

Remarks :_____ Form No :_____

Name :_____ Designation :_____ Signature :_____

Shortlisted candidates will be informed