



STAFF TRAINING ACADEMY(STA)
STEVTA



Training Registration Form

Sindh Technical Education and Vocational Training Authority (STEVTA)
Staff Training Academy

Personal Information:

1. Full Name:
▪ _____
2. Date of Birth:
▪ _____
3. Gender:
▪ Male Female Other
4. Nationality:
▪ _____
5. Contact Information:
▪ Phone: _____
▪ Email: _____
▪ Address: _____
▪ _____
▪ _____

Professional Information:

6. Current Organization:
▪ _____
7. Designation/Position:
▪ _____
8. Department:
▪ _____
9. Work Experience (in years):
▪ _____
10. Areas of Expertise:
▪ _____
▪ _____
▪ _____

Educational Background:

11. Highest Qualification:
▪ _____
12. Field of Study:
▪ _____
13. University/Institution:
▪ _____
14. Year of Graduation:
▪ _____



STAFF TRAINING ACADEMY(STA)
STEVTA



Training Area:

- _____
- _____
- _____
- _____

Individual Training Requirement

- _____
- _____
- _____

Preferred Date & Time Slots:

- _____
- _____
- _____
- _____

Group Training:

Training Area:

- _____
- _____
- _____

Preferred Date & Time Slots:

- _____
- _____
- _____

No of Participants:

- _____
- _____
- _____
- _____
- _____
- _____

Any Additional Requirement:

- _____
- _____
- _____



**STAFF TRAINING ACADEMY(STA)
STEVTA**



Declaration:

I hereby declare that the information provided above is accurate and true to the best of my knowledge.

Signature:

• _____

Date:

• _____

For Office Use Only:

• **Reviewed By:**

▪ _____

• **Approved By:**

▪ _____

• **Date:**

▪ _____

This form is designed to collect comprehensive information about trainers to ensure the best fit for training programs and sessions at the Staff Training Academy-STEVA.