

DIRECTORATE OF IT

Proforma de Count

University of Swat

Proforma for CMS Account

(For Visiting/Contract and Regular Faculty only)

Name:		
Father's Name:		
Contact No:		
C.N.I.C No.		
Email Address:		
(NOTE: Please provide an active email address.)		
Department/Institute/Centre/College:		
Semester (For Visiting Faculty):		
Visiting IPFP	Fix Pay/Contract	Permanent
	Signature:	
Note: Attach the p	photocopy of Office Order.	
Program Coordinator:	Head of Department: (Signature with Stamp)	
Director IT:		