

PAKISTAN ALLIANCE OF INDEPENDENT SCHOOLS (PAIS)

MEMBERSHIP FORM

Membership Category: Fellow General Honorary

Name of Organization: _____ Year of Establishment: _____

Address: _____

Phone: _____ Email: _____ Website: _____

Registration Status: Registered Unregistered

Registration Detail: _____ (Please attach registration certificate)

Working Level: District Provincial National International

Focal/ Contact Person

Name: _____

Designation: _____ CNIC: _____

Qualification: _____ Professional Experience (years): _____

Phone: _____ Cell: _____ E-mail: _____

Contact Address: _____

We hereby officially apply to become member of PAIS and declare that we shall abide by the rules and regulations of PAIS.

Dated

Official Stamp

Name & Signatures

Please send completed forms to PAIS c/o ITA, 70-B-1 Gulberg 3, Lahore Pakistan, or email to PAIS.Feedback@itacec.org.
Information collected will be used for official purpose. It shall not be disclosed to others under any circumstance.

Please attach the following:

1. List of Executive Body Members
2. Annual Report of last three years.
3. CNIC copy of Focal Person.
4. Members List.