



SINDH EDUCATION FOUNDATION
INTEGRATED EDUCATION LEARNING PROGRAM
STUDENT PROFILE

Student Picture
Passport size

GR #

1. SCHOOL INFORMATION: (FILL IN BLOCK LETTERS)

School Code:		School Name:	
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Category		
NP	EP	EE
M	NE	S

District:			
Taluka:		UC	
Village			

2. STUDENT BASIC INFORMATION

Name of Student:																				
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Father's Name:																				
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Father's/Guardian's CNIC						-														

Religion		Gender		Date of Birth:			-													

Home Address																				

Date of Admission				-																

Class in Admitted						Current Class						Section				Shift				
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Last School Attended																			
Reason for leaving last school																			

3. OTHER INFORMATION:

Parent's or Guardian's Contact #																				
Alternate contact #																				

School Head Signature with Seal

School Operator Signature with Seal



(Annex-B)



**SINDH EDUCATION FOUNDATION
INTEGRATED EDUCATION LEARNING PROGRAM
TEACHER'S PROFILE**

4. SCHOOL INFORMATION: (FILL IN BLOCK LETTERS)

School Code:		School Name:	
Category		District:	
NP	EP	EE	
M	NE	S	
		Taluka:	UC
		Village	

5. TEACHER'S BASIC INFORMATION

Name of Teacher:

Father/Husband Name:

CNIC Number - -

Day Month Year

Religion Gender Date of Birth - -

Marital Status Single Married Other

Date of Joining - -

Designation Head Teacher Teacher Assistant Teacher

Qualification Middle Matric Inter Graduate Master

Professional Qualification PT CT B. Ed. M. Ed. Other

Teaching Experience 1 Year 2 Years 3 Years More than 3 years

Training Attended (IELP) Yes No Starting Salary Current Salary

Class and Subjects Taught			
Class	Subject	Class	Subject
KG/Katchi		5	
1		6	
2		7	
3		8	
4		9 & 10	



(Annex-C)



SINDH EDUCATION FOUNDATION INTEGRATED EDUCATION LEARNING PROGRAM ORGANIZATION'S PROFILE

School Code: _____
Category: _____

Fill in Block Letters

Organization Name:																				
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Registration Number:																				
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Type of Organization:	<input type="checkbox"/> NGO	<input type="checkbox"/> Trust	<input type="checkbox"/> Corporate	<input type="checkbox"/> Other
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Office Address:																			

Land line Number:					-															
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Mobile Number:					-															
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Email Address:																			
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Authorized Personal Information

Authorized Person Name:																				
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CNIC #					-															
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Designation:																			
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Permanent Address:																			

Mobile Number:					-															
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Qualification of Authorized Person(Starting from the latest)

Masters	<input type="checkbox"/>	Graduate	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Metric	<input type="checkbox"/>	Middle	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Organization Bank Account Detail:

Account Number																				
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Branch code				
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Branch City																			
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NTN Number:																			
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Organization Portfolio (Starting from the Current) * Attached Extra Sheet if Required

Past Professional Experience (last 5 years)	Scope of work / Key Achievements	Annual Funding	Period	

Undertaking:

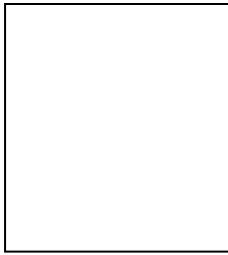
I hereby affirm that the information provide is to the best of my knowledge and belief, true, accurate and complete.

Signature of Authorized

Seal / Stamp



(Annex-D)
SINDH EDUCATION FOUNDATION
INTEGRATED EDUCATION LEARNING PROGRAM
INDIVIDUAL PROFILE



School Code: _____
Category: _____

Fill in Block Letters

Personal Information

Operator's Name:																				
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Father's / Husband's Name:																				
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CNIC #						-														
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Date of Birth:																				
	Date			Month			Year													

Gender:																				
	Male																			
	Female																			

Present Address:																				

Permanent Address:																				

Mobile Number:																				
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Land line Number:																				
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Secondary Contact Number:																				
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Email Address:																				
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Marital Status:																				
	Married																			
	Unmarried																			
	Other																			

Bank Account Detail:

Account Number																				
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Branch code					
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Branch City																				
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NTN Number:																				
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Qualification (Starting from the latest)

Masters			Graduate			Intermediate			Metric			Middle			Other		
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Experience (Starting from the present work)

Current Occupation:																				
Business /Self Employed																				
Retired																				
Private Job																				
Unemployed																				
Other																				

Undertaking:
 I hereby affirm that the information I have provided is to the best of my knowledge and belief, true accurate and complete.
 Attach your detail CV with filled Format.

Signature of Individuals

Seal / Stamp