



**CALL CENTER TRAINING
REGISTRATION FORM**

GENERAL INFORMATION

NAME: _____

FATHER'S NAME: _____

ADDRESS: _____

NIC # :: _____

CONTACT NUMBERS: _____ OFFICE: _____

RESIDENCE: _____ CELL: _____

EDUCATIONAL BACKGROUND

CURRENT QUALIFICATION: _____

UNIVERSITY: _____

APPLICANT' SIGNATURE

FOR OFFICIAL USE ONLY

SPOKEN ENGLISH: WEAK GOOD EXCELLENT

COMPREHENSION: WEAK GOOD EXCELLENT