**CMS REGISTER/PASSWORD RESET FORM FOR FACULTY(QAU)**

|  |  |
| --- | --- |
| Please fill in the following |  |
| Gender:  | **Male**  **Female**vvvvvv |
| Have you ever taught in QAU?  | **Yes No**  |
| If yes mention Departments name: |  |
| Do you have any Existing CMS id from other department?  |  **Yes No** |
| Existing CMS USER ID (If Any): |  |
| Do you want to reset your Password? | **Yes No** |
| Program: | **Post Graduate Under Graduate** |
| Faculty  | **Visiting Permanent**  |

**Personal Information:**

**First name:**

**Last name:**

**Email:**

**Department: Contact:**

 **Designation: CNIC:**

**Teacher Signature HOD Signature**