**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**