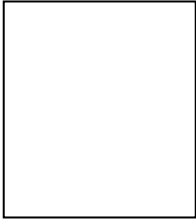




**FAZALDAD HUMAN RIGHTS INSTITUTE (FHRI)
APPLICATION FORM**



FULL NAME: Mr/ Mrs/Ms/Miss _____

FATHER'S NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

QUALIFICATION: _____ FIELD OF SPECIALIZATION: _____

PROFESSIONAL QUALIFICATION: _____

PERMANENT ADDRESS: _____

TELEPHONE # _____ FAX # _____ E-MAIL: _____

MOBILE# _____

=====

PRESENT MAILING ADDRESS: _____

RES TEL # _____ FAX # _____ E-MAIL: _____

=====

CONTROLLING DEPARTMENT/OFFICIAL ADDRESS: _____

TYPE OF ORGANIZATION: _____

NATURE OF JOB: _____ TITLE OF JOB: _____

OFFICE TEL # _____ FAX # _____ E.MAIL: _____

=====

EMERGENCY CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE # _____ FAX # _____ E.MAIL: _____

DATED: _____ SIGNATURES: _____

Kindly attach 2 passport size photographs with the application