

	MTI-KHYBER TEACHING HOSPITAL (Medical Teaching Institution)	
	INFORMATION TECHNOLOGY	
	Email Registration Form	
ISSUE #: 01		ISSUE DATE: 01-09-2021

Personal Information

Name: _____ Mobile No: _____

Employee Sign: _____ Date: _____

Departmental Information

Designation: _____ Employee Card No: _____

Department: _____

Note: Please send your passport size picture to sherdil.khan@kth.edu.pk Or fazal.maula@kth.edu.pk

Plases change password at first login.

HOD / Manager's Approval of KTH email

Name: _____ Designation: _____

Sign: _____ Date: _____