**C.V**

**Name**: Mr. Khalil Ahmad S/O Ahmad Yar

**Date of Birth:** 16-04-1970

**Designation**: i. Assistant Professor of Education (BS-19),

ii. Coordinator of Education Department UE Vehari Campus,

iii. Incharge Internal Examination UE Vehari Campus.

**Institution:** University of Education Vehari Campus

**Qualification**: M.Phil Education

**Residence:** House No. B-2 University of Education Vehari Campus

CNIC No: 36602-2179679-7

Contact No: 03007325674, 067 3363674