



DEPARTMENT OF EDUCATION
Information Communication & Technology Division

MYPAYSLIP REGISTRATION FORM

This form must be completed by requesting teacher who wishes to register on MYPAYSLIP Application.

TEACHER DETAILS	
File Number	
First Name	
Last Name	
Position Number	
School Name	
School Name	
Gender	
Mobile Number	
Email Address	
NID/Nambawan Super ID	
Bank Statement	
ID Photo	

NB: Email address must be an active address and is frequently used. Password will be sent to you via email address provided.

Teacher's Signature
Date:

HOD's Signature
Date:

Principal's Signature
Date:

For any query regarding MYPAYSLIP application, you can consult your **inspectors** or, send your email to: enquiries@education.gov.pg and we will assist you.