

GOVERNMENT OF PAKISTAN
ESTABLISHMENT DIVISION
STAFF WELFARE ORGANIZATION
TRADE TRAINING CENTER

FOR OFFICE USE ONLY

Batch / Group _____
Receipt No. _____ Amount _____
Duration _____ to _____
Registration No. _____

ADMISSION FORM

1. Name of Candidate
(In Block Letters) _____
2. Father's Name & NIC. No. _____
3. In case of dependent
Guardian's Name & NIC. No. _____
4. Relationship with Guardian _____
5. Educational Qualification
(Attach Copy of Latest Completed Degree) _____
6. Father's/Guardian's Occupation _____
with official address _____
(Attach Pay Slip Copy)
(Tele No. Office) _____
7. Residential Address _____
_____ Tele No. (Resd.) _____
8. If serving, name of Department _____
9. Name of Course Applied for **Typing / Shorthand / Computer**

UNDERTAKING BY THE CANDIDATE

I, _____ hereby undertake that I will abide by general behavior and policies of this Center. I will not indulge in any immoral activity during my stay in this center and the Centre reserves the right to expel me from the Centre in case of violation of my above undertaking. It is further certified that above particulars are correct to the best of my knowledge and belief.

Signature of Candidate

Signature of Parent/Guardian

TO BE FILLED BY THE OFFICE OF THE GOVERNMENT SERVANT

No.....

Dated:

Forward and Recommended. Certified that Mr/Miss
is employed as..... (BPS)
in the office of

**Signature of Forwarding Authority
(With official stamp)**