



GOVERNMENT OF KHYBER PAKHTUNKHWA  
SHAHEEN SYSTEM OF VOCATIONAL TRAINING INSTITUTES  
HEAD OFFICE 3-A CHINAR ROAD, UNIVERSITY TOWN  
PESHAWAR  
TELEPHONE No. 091-9218318-19 Ext : 811



## APPLICATION FOR APPOINTMENT IN SSVTIs KP-TEVTA

Post applied for \_\_\_\_\_

Affix a recent  
passport size  
Photograph

### PERSONAL INFORMATION

Name			
Father's Name		Father's Profession	
Gender	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
Date of Birth		Age on closing date	__ Yrs __ Month __ Days
Place of Birth / Nationality		CNIC #	
Qualification (Last Degree/Certificate)			
Domicile		Religion	
Marital Status		E-Mail	
Present Address			
Permanent Address			
Contact Nos	PTCL		Cell

## **ACADEMIC BACKGROUND /PROFESSIONAL TRAINING**

(a) **ACADEMIC BACKGROUND** (Please start from highest qualification in descending order)

<b>Degree held</b>	<b>Year of award</b>	<b>Field</b>	<b>Institution</b>	<b>Grade/ Div/CGPA</b>

(b) **PROFESSIONAL TRAINING** (Please start from most recent training in descending order)

<b>Course</b>	<b>Diploma/Certificate</b>	<b>Field of study</b>	<b>Institution</b>	<b>Grade/ Div/CGPA</b>

**EMPLOYMENT HISTORY** (Please start from your recent job and list in descending order)

<b>Organization</b>	<b>Post held</b>	<b>Job Profile</b>	<b>Period</b>	
			<b>From</b>	<b>To</b>

### **ROUTE OF APPLICATION**

- Through Proper Channel / NOC from Employer attached  
 External candidates not currently in Service/ in Private Service

- I confirm that I have read and understood the information above.
- I confirm that the information I have given in this application for employment form and the supporting documents attached are correct and complete.
- I understand that failure to disclose any relevant information or the provision of false information may lead to dismissal and subsequent termination of contract of employment.
- I understand that the Selection Committee of SSVTIs may carry out a verification process and may check all or any of the information provided on the application form, given in references and presented as proof of identity.
- I understand that an appointment, if offered, may be subject to a satisfactory medical examination and/or satisfactory completion of other pre-employment checks.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of the Applicant**