



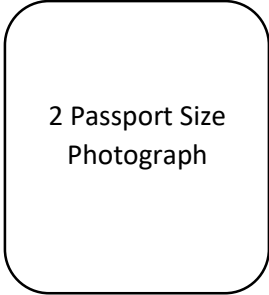
**KHYBER PAKHTUNKHWA TECHNICAL EDUCATION
AND VOCATIONAL TRAINING AUTHORITY
FREE SKILL TRAINING PROGRAM FOR MINORITIES
(Merged Districts Only)**



Form No: _____

IMPORTANT INFORMATION

Particulars of the application form must be filled in by the candidates.
Specify at least two Technology/Trades by priority (First Priority, Second Priority)
In case of any incorrect information found in particulars then application will be rejected.
Incomplete application will not be entertained.



PERSONAL INFORMATION

Technology/Trade applied for (i) _____ (ii) _____

Name of the Candidate (In English) _____

(In Urdu) _____ Mobile No. _____

Father's Name (In English) _____

Father' CNIC No. _____ Father's Occupation _____

Father's Business/ Office Address _____

_____ Guardian Mobile No _____

Candidate Date of Birth ____/____/____ Religion _____

Present Address _____

Permanent Address _____

Educational Qualification (Attach Attested Documents)

Certificate/ Qualification	Session/ Year	Roll No	Total marks	Obtained Marks	Division/ Grade	% age	Name of Institute	Name of Board (Evaluation Body)

Whether applied previously for this program: **"YES"** or **"NO"**. if **"YES"**, then provide details on extra sheet.

I solemnly declare that:

- (A). All Particulars are correct to best of my Knowledge.
- (B). I have read the instructions ad if I get admission I will obey all the rules/regulations of the institute Concerned.
- (C). I know that once allotted Technology/Trade will not be Changed.

Affidavit from the Father/Guardian (upon Selection of the Candidate on Stamp Paper of Rs. 30/-)

I solemnly declare that:

- (i) All the above given particulars are correct to the best of my knowledge.
- (ii) Once admitted, my son/daughter will complete his scheduled credit hours in his assigned trade/skill course.
- (iii) My son/daughter have never been a beneficiary of this program earlier.
- (iv) My Son/daughter is not employed anywhere.
- (v) My son/daughter will abide by the rules/regulations of the concerned Training Institute.
- (vi) In case of dropout from the course I shall be responsible to pay back all the expenditure incurred on my son/daughter training.

Date _____ Signature of Father/Guardian _____

Certificate by Gazetted Officer

I Certify that Mr. _____ Son/Daughter of _____

Domicile _____ is resident of District _____

and belongs to Minority community.

Signature of Gazetted Officer _____

Name _____

Official Stamp _____

Date _____

Note: Following copies of attested documents are necessary with the application form otherwise application not be entertained.

- (i) Qualification Certificates from Government Board or Training Institute duly attested by Gazetted Officer.
- (ii) Two passport size photographs duly attested from a Gazetted Officer.
- (iii) Attested Photocopy of Father/Guardian CNIC.

FOR OFFICE USE ONLY

Application found complete/incomplete _____

Deficiency (if any) _____

Date _____ Signature of the Official _____

Admitted/Not Admitted _____ Chairman Selection Committee _____
(Signature with Stamp)

Acknowledgment

Form No. _____ Application Receiving Date _____

Application Name _____ Zone/District _____

Technology/Trade Applied for _____

Stamp/Signature of Receiving Official _____