

KHYBER PAKHTUNKHWA TECHNICAL EDUCATION AND VOCATIONAL TRAINING AUTHORITY SKILL DEVELOPMENT SCHEME FOR MINORITIES OF KHYBER PAKHTUNKHWA



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 form will be rejected. Incomplete application will not be entertained.

2 Passport Size Photograph

PERSONAL INFORMATION								
Technology/Tra	de applied f	or (i)			(ii)		
Name of the Ca	ndidate (In E	In English)Institute Applied for:						
(In Urdu)		CNIC/Form-B No				Mobile:		
Father's Name ((In English) _							
Father' CNIC No)			Father's	occupation	1		
Father's Business/ Office Address								
,						Guardi	an Mobile No	
Candidate Date	of Birth:	/	/	Relig	gion:			
Present Address:								
Permanent Address								
Educational Qualification (Attach Attested Documents)								
Certificate/ Qualification	Session/	Roll No	Total	Obtained	Division/	% age	Name of Institute	Name of Board
Qualification	Year		marks	Marks	Grade			(Evaluation Body)
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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 never obtained any technical training in any project initiated by KP-TEVTA or Minority Program previously
- (B). I have read the instructions and 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.
- (D). I belong to Minority Community of Khyber Pakhtunkhwa.

Signature of Applicant	
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Affidavit from the Father/Guardian (upon Selection of the Candidate on Stamp Paper)

I solemnly declare that:

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

DateSignat	ture of Father/Guardian			
Certificate by Gazetted Officer				
l Certify that Mr	Son/Daughter of			
Domicile	_ is resident of District			
and belongs to Minority community of Khyber Pakhtunkhwa.				
	Signature of Gazetted Officer			
Off: :- Grand	Name			
Official Stamp	Date			
Note: Following copies of attested documents are neces	essary with the application form otherwise application will not be entertained			
 Note: Following copies of attested documents are necessary with the application form otherwise application will 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 Applicant CNIC and Father/Guardian CNIC. 				
FOR OFFICE USE ONLY				
Application found complete/incomplete				
Deficiency (if any)				
DateSigna	ateSignature of the Official			
Admitted/Not Admitted	Chairman Selection Committee (Signature with Stamp)			
Acknowledgment				
Form No Application	on Receiving Date			
Application Name	Zone/District			
Technology/Trade Applied for				
Stamp/Signature of Receiving Official				