

# Applicatin Data Form

Name: \_\_\_\_\_

Date of Birth: / / (dd/mm/yy)

Age: \_\_\_\_\_ CNIC No: \_\_\_\_\_

## Contact Details:

Mobile No:- \_\_\_\_\_ Other contract No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

## Academic Qualification:

Certificate	Marks obtained	Total Marks	Percentage	Division/Grade	Passing Year	Board

**Under Apprenticeship Rules 1966. the selected candidates will be required to sign an Apprenticeship contract with the company before the commitments of this Training Program.**