

ADMISSION FORM

TEVTA - CITY & GUILDS PROGRAMME

FORM NO. _____

Applicant Name (in block letters): _____

Date of Birth: _____ Domicile: _____ Gender: _____

Nationality: _____ CNIC NO: _____

Father/Guardian Name ((in block letters): _____

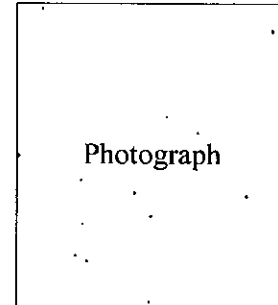
Father Occupation: _____ Religion : _____

Address: _____

Name of Course: _____

RES. Phone: _____ Cell No: _____ Email: _____

Office / Work place position & Address : _____



Qualification

Sr. #	Certificate/ Degree	Institute/Degree	Session	Division/ Grade	Marks
1	Matriculation				
2					
3					
4					
5					

Trainings / Certifications

Sr. #	Certificate/ Degree	Institute/University	Session	Division/ Grade	Marks
1	Matriculation				
2					
3					

I solemnly declare that particulars provided are correct and I will abide by the rules / regulations of the TEVTA.

Signature of the Applicant: _____ Date: _____

NOTE: Dues Once Deposited are not refundable. Attach testimonials of all documents.

FOR OFFICE USE ONLY

Admission for the class: _____ Allotted Roll No: _____

Session: _____ Shift: _____

Signature of Head of Institution _____