

COMSAT Road, Off G.T Road, Sahiwal Ph: 040-4305005, 9200100

## **PWWB Data Collection Form for New intake Applicant**

Online Admission Form No.												by default			
Name of Applicant (as per matric certificate)	ame of Applicant (as per matric certificate)														
Name of Father (as per matric certificate)															
CNIC/ B-Form No.															
Date of Birth (as per matric certificate)				Gender											
Domicile city								Last Degree: Obtai mark CGP					Total Marks		
Permanent Address											•	-	÷	-	
Contact No. & Email address:															
Name of Worker															
CNIC No.			1										Τ		
Factory Registration No.		Designation (Proof should be attached)											-		
EOBI No.									Social Security Card No.						
Name of Factory/ Shop/															
Establishment															
Factory Address															
Factory Email Adress															
Factory URL															
Salary Slip of worker															
		UN	DERT/	AKING	BY TI	HE STU	JDEN	<u>T:</u>							
It is solemnly affirmed that the information provid	ed in this	form is	true ar	nd corre	ect to th	e best o	of my k	nowled	ge. I ha	ve filled	required in	formati	ion menti	oned in	this
form with carefully. In this connection, if any inform	mation co	ontained	d hereir	ו is four	nd to be	untrue	, the In	stitute	shall ha	ive the r	ight to take	any act	tion as pe	r rules.	
Incomplete form will not be accepted.															

**Student's Signature**