

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