



# APPLICATION FORM

Photograph  
4x5 CM

Institute

SZABIST ZABTech(Hyderabad)

SZABIST ZABTech(Benazirabad)

SZABIST ZABTech(Larkana)

SZABIST ZABTech(Tando Muhammad Khan)

(For Office Use Only)

Form no.: \_\_\_\_\_ Applicant ID: \_\_\_\_\_ Date: \_\_\_\_\_ Trade / Course: \_\_\_\_\_

TRADE / COURSE APPLIED FOR

1. \_\_\_\_\_

2. \_\_\_\_\_

(To be filled by the candidate)

PERSONAL INFORMATION

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

Domicile: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone / Cell#: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Parent /Guardian's Name: \_\_\_\_\_

Guardian's Occupation: \_\_\_\_\_

Guardian's Relationship: \_\_\_\_\_

Guardian's Cell #: \_\_\_\_\_

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

EMERGENCY CONTACT INFORMATION

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

Occupation: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell#: \_\_\_\_\_

ACADEMIC INFORMATION

S.No.	Qualification	Major Subject	Year From/To	Marks Obtained / Total Marks	Grade/Percentage	Board / Institute
1						
2						
3						

EXPERIENCE INFORMATION (If Any)

S.No.	Nature of Work	Position	Tenure From/To	Organization	Phone #	Address
1						
2						

REFERENCE / SOURCE

Newspaper Ad  FM Radio / TV  Website / SMS  Social Networks (name): \_\_\_\_\_

ZABTech(iTVE) Staff (name): \_\_\_\_\_  Board Member (name): \_\_\_\_\_

Current / Ex - Student: \_\_\_\_\_  Others: \_\_\_\_\_

**DECLARATION BY THE APPLICANT**

1. I hereby declare that:

- (a) The entries made in this application are true to the best of my knowledge and belief.
- (b) I agree, if admitted, to abide by the rules & regulations of this training institute.
- (c) I fully understand that a vocation/trade once allowed will not be changed.
- (d) I will not take part in any illegal activities.
- (e) I understand that I am liable to be dismissed or any other action taken, if at any stage, any entry in this form is found to be incorrect.
- (f) I have read and understood the contents of prospectus, rules, regulations and the admission procedure
- (g) I agree to abide by all the **SZABIST ZABTech(iTUE)** decisions on the selection, retention and award of diploma/certificate.

\_\_\_\_\_  
Signature of applicant

CNIC: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**DECLARATION FROM APPLICANTS FATHER / GUARDIAN**

I \_\_\_\_\_ Father / Guardian of \_\_\_\_\_  
hereby declare that:

- (a) I shall be responsible for regular payment of all dues of my son / daughter in connection with his training at **SZABIST ZABTech (iTUE)**.
- (b) I shall not hold The **SZABIST ZABTech (iTUE)**, \_\_\_\_\_ responsible for any damages in the event of any accident happening to my son / daughter during the course of his training.
- (c) I shall fully cooperate with the administration for effective training of my son / daughter
- (d) I shall make good any loss or damage that may be caused by my son / daughter to the institute if he takes part in illegal activities.
- (e) I understand that my son / daughter will be liable to be discharged from the institute if he takes part in illegal activities.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Father / Guardian

CNIC: 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Documents to be attached**

- a. Certified Copies of Educational Certificates
- b. Trainee's / Father's/ Guardian CNIC Copy
- c. 04- Passport Size Photographs
- d. Pay Oder/Bank Draft/Cash payable to **SZABIST ZABTech(iTUE)**

**Office Use Only**

**Career Counseling**

Test / Interview Result	Recommendations	Signature of counselor

**Remarks**

\_\_\_\_\_