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| **SEED TECH VOCATIONAL TARINIG CENTRE**  **IBRAHIM HYDERI**  **ADDMISSION FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUIREMENTS**  PHOTO ATTACH HERE  2 Passport size photo  2 photocopy of application’s CNIC/B-FORM  2 photocopy of application’s parent’s/guardian’s CNIC  2 photocopy of Last Educational Mark sheet /certificates | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Go No | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Registration No | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Roll No | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| Name (in block latter) | | | | | | | | | |  | |  | | |  | | |  | | |  | | |  | |  | | | |  | | |  | |  | | |  | | |  | | |  | | |  | |  | |
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| Father’s Name (in block latter) | | | | | | | | | |  | |  | | |  | | |  | | |  | | |  | |  | | | |  | | |  | |  | | |  | | |  | | |  | | |  | |  | |
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| CNIC NO | |  |  |  |  |  | - |  |  | |  | |  |  | |  |  | | - | | |  | Contact No: | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| E-mail : | |  | | | | | | | | | | | | | | | | | | Gender | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| Date Of Birth | | |  |  | - |  |  | - |  | |  | |  |  | | Date Of Addmission | | | | | | | | | | | | | | | |  | |  | | - | | |  |  | | | - | |  |  | |  | |  |
| **Emergency Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name (in block latter) | | | | | | | | | |  | |  | | |  | | |  | | |  | | |  | |  | | | |  | | |  | |  | | |  | | |  | | |  | | |  | |  | |
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| Relationship | | |  | | | | | | | | | | | | | | | Occupation | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact No | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Academic Qualification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| S.no | Qualification | | | | | Subject | | | | | | | | | | | | | | Year Of Completion | | | | | | | | | | | Marks/ Percentage | | | | | | | | | | | Board/ Institutes | | | | | | | | |
| 1 | Metric | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 2 | Inter | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 3 | Graduate | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 4 | Master | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 5 | “O” Level | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 6 | Other Training | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |

**WORKING EXPERIANCE**

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| S.no | Company | Position | Department | Year | Phone# | Address |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

APPLICANT SIGNATURE: ADDMINISTATOR SIGNATURE: