



REGIONAL TRAINING INSTITUTE

ADMISSION APPLICATION FORM

(24-Months Diploma Course of FWWs)



Year 20_____

It is mandatory to provide **ALL** information mentioned in the form & attach **ALL** required supporting documents.

Applied In Please tick (✓)	RTI, Lahore	RTI, Sahiwal	RTI, Multan	RTI, Faisalabad

Full Name _____
(As on Matric Certificate)

Father's/Husband's Name _____

Date of Birth _____

Age on Closing Date _____



CNIC No/B-Form of the Applicant:

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CNIC No/B-Form of the Parents/Guardian:

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Marital Status (Please tick ✓)

Unmarried	Married	Widow	Divorced
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Postal Address:

Domicile: _____ **Province:** _____ **District:** _____

Phone No. of Residence: _____ **Mobile No. of the Parents:** _____

Academic Record:-

Sr. No.	Qualification	Year of Passing	Marks Obtained	Total Marks	Percentage	Board of Examination
1	Matriculation (Science)					
2	F. Sc. (Pre-Medical)					

UNDERTAKING

I undertake to abide by the given rules and regulations (as and when amended/formulated time to time) for 24-Months Diploma Course for FWWs. Further I declare that all the information given in this application form and the attached documents is correct to the best of my knowledge. I also understand that I will be liable to refusal for admission or expulsion from the training at any stage if there is any violation of rules and regulations on my part or if any of the information given by me in this form hereafter is found incorrect.

Signature of the candidate _____

Signature of Parents/Guardian _____

Please check out that the following have been attached with this Application Form.

Attested photocopies of the following

Sr. No	Documents	✓
1	Passport size recent photograph (Attested from back side)	
2	Attested photocopy of CNIC / B-Form	
3	Attested photocopy of Domicile Certificate	
4	Attested photocopy of Matriculation Certificate	
5	Attested photocopy of F.Sc. Result Card/Certificate	
6	Attested photocopy of Character Certificate	

Note: Incomplete application will not be entertained.

Signature of Candidate: _____

Date: _____

For Official use only:

Date of receipt of application: _____ No. _____

Evaluation:

Accepted	Rejected	Reason of Rejection

**Principal,
Regional Training Institute,**