

FORM B – TRAINEE PROFILE FORM

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|--|---|--|---------------------------|---|--|---------------|--|--|--|
| (PSDF Internal Use) Trainee ID | | Residence Verified <input type="checkbox"/> Not Verified <input type="checkbox"/> | | Age Verified <input type="checkbox"/> Not Verified <input type="checkbox"/> | | | | | |
| | | CNIC Verified <input type="checkbox"/> Not Verified <input type="checkbox"/> | | | | | | | |
| Registration No (To be filled by Testing body) | | | | | | | | | |
| Training Scheme | | | | | | | | | |
| Name of Service Provider | | | | | | | | | |
| Name of Trainee (In block letters as per CNIC) | | | | | | | | | |
| Trade | | | | | | | | | |
| Class Code | | [Paste picture here, digital images can also be inserted here, in case of <i>parda</i> observing females, photocopy of picture from their CNIC can be pasted here-all pasted pictures must be cross signed by the Authorised Person verifying/signing this form] | | | | | | | |
| Roll No. | Batch No. | | | | | | | | |
| Shift | Morning <input type="checkbox"/> Evening <input type="checkbox"/> | | | | | Class Section | | | |
| Address of Training Centre | | | | | | | | | |
| House Number | Street/ Mohallah | | | | | | | | |
| Mauza | | | | | | | | | |
| Tehsil/ Town | District | | Voucher Holder | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> | | Date of Birth (dd-mm-yy) | | Religion Muslim <input type="checkbox"/> Non-Muslim <input type="checkbox"/> | | | | |
| CNIC/B-Form Number of Trainee | | | | | | | | | |
| Mobile Number or any contact number of Trainee | | | | | | | | | |
| Additional Mobile or contact number of Trainee | | | | | | | | | |
| Father/Husband Name (In block letters) | | | | | | | | | |
| Residential Address of the Trainee | | | | Monthly Income in Rupees | | | | | |
| House Number | Street/ Mohallah | | Trainee Individual Income | | | | | | |
| Mauza/Town | | Income of Trainee's Household | | | | | | | |
| Tehsil | District | | | | | | | | |
| Employment Status (Immediately before the start of training) | | | | | | | | | |
| Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed <input type="checkbox"/> Wage Employment <input type="checkbox"/> Daily Wage Labourer <input type="checkbox"/> | | | | | | | | | |
| Education Level (Highest Level Completed) | | | | | | | | | |
| Cannot Read/Write <input type="checkbox"/> Informal (Can Read & Write) e.g. Hafiz-e-Quran <input type="checkbox"/> Class1-5 <input type="checkbox"/> Primary <input type="checkbox"/> Class6-8 <input type="checkbox"/> | | | | | | | | | |
| Middle <input type="checkbox"/> Class9-10 <input type="checkbox"/> Matric <input type="checkbox"/> Intermediate <input type="checkbox"/> Above Intermediate <input type="checkbox"/> | | | | | | | | | |
| Undertaking: I hereby declare that I have neither participated in any of the PSDF funded training earlier, nor will I participate after this training. If I do, I may be expelled from both training courses and PSDF may take legal action against me. I authorise PSDF to check my data through NADRA Verisys and share my CV with potential employers through various mediums without any liability. | | | | Certified by Authorised Person of Training Service Provider | | | | | |
| | | | | Name _____ | | | | | |
| | | | | Signatures _____ | | | | | |
| | | | | Date _____ | | | | | |
| Signature or Thumb Impression of Trainee & Date | | | | | | | | | |

PLEASE ENCLOSE A LEGIBLE COPY OF CNIC/B-FORM OTHERWISE THIS FORM WILL BE RETURNED