

Government of Khyber Pakhtunkhwa Directorate of Tourist Services

Attach 4 PP Size Pictures

Training: Professional cooking/culinary arts	Level								
Tehsil: District: Province:									
Personal Information:									
Name of Applicant (Block Letters)									
Father's Name (Block Letters)									
Gender: ☐ Male ☐ Female ☐ Transgender									
Marital Status (Select only one): ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Prefer not to say									
Native Language:									
Date of Birth: d d - m m - y y CNIC /B-Form No. -	<u> - </u>								
Contact Info: (Cell 1) (Cell 1) 0300-1234567 Email:									
Permanent Address:									
Current Address:									
Literacy Level ☐ Secondary School, ☐ Higher Secondary School, ☐ Graduation, ☐ Masters,									
(Select One): Doctorate									
Socio Economic Factor									
Total Family Member: Total Dependents Earning family members Monthly Family Income Rs	. 1								
Employment Status for last	yed,								
6 months (Select One) ☐ Government employee, ☐ Self-employed, ☐ Seasonal worker, ☐ Temporary employment,									
☐ Not looking for employment, ☐ Others									
Purpose to get the training (Please tick): How did you reach to us? (Please tick)									
	16								
☐ To get job in Pakistan ☐ To continue my study ☐ Newspaper ☐ Television ☐ SM	-								
☐ To get job in Pakistan ☐ To continue my study ☐ Newspaper ☐ Television ☐ SM☐ To get job in abroad ☐ Flyer ☐ Add ☐ Ba	IS nner								
☐ To get job in Pakistan ☐ To continue my study ☐ Newspaper ☐ Television ☐ SM	-								
□ To get job in Pakistan □ To continue my study □ Newspaper □ Television □ SM □ To get job in abroad □ Flyer □ Add □ Ba □ To start my own business □ Friend □ Other	-								
☐ To get job in Pakistan ☐ To continue my study ☐ To get job in abroad ☐ Flyer ☐ Add ☐ Ba☐ To start my own business ☐ Trainee Profile: Previous Trainings Experience, if Any	nner								
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Current skills proficiency: communication, writing, organizing, management, business etc								
Ans.								
Expectations from this training, why did they choose this subject training? How do they plan to apply it in future?								
Ans.								
_ 								
Specific Needs								
Vulnerability Details								
	People living with disability		People living with HIV/AIDs		NEET (not in education employment or training)		Not Applicable	
	Transgender		Religious minority		Madrasah student		Other: Specify	
	Widow		Ethnic minority		Refugees			
					Declaration:			
declare that if the above information is found to be false during the training, I shall be responsible for the disciplinary action/s as per Directorate of Tourist Services and Hashoo Foundation policies. Signature of Applicant: Date: Note: Please attach the undertaking of Rs 100. Photocopy of Trainee's CNIC/Form. B, Mark sheet/degree of last academic qualification and four photographs (PP size)								
For Office Use Only								
Attac Prog	ram Section:		ed and verified by Adm		Signature Adm	nissio	n Officer D)ate
Any other comment:								
Training Start Date: dd-mm-yy Training End Date: dd-mm-yy y								
						Sig	nature Training Officer	Date
M&E Section: It is verified that MDR (Minimum Documents Required) is complete. Data accuracy completeness in Registration form is checked and form is signed by Admission Officer and TO.								
						Sign	ature M&E Officer	Date



Government of Khyber Pakhtunkhwa Directorate of Tourist Services

اقرار نا مہ برائے ٹریننگ

ميںولد /زوجہولد /زوجہ
شناختی کارڈ نمبر۔۔۔۔۔۔۔۔۔۔۔۔اس ٹریننگ پروگرام۔۔۔۔۔۔۔۔ میں داخلے کا خواہشمند ہوں۔
میں اپنے ہوش و خواس میں اقرار کرتا/کرتی ہوں کہDTS تحت ہاشوفاؤڈیشن کے تربیتی پروگرام میں داخلہ حاصل کرنے کے لیے درخواست فارم میں ذکر کی گئی تمام معلومات درست اور سچ ہیں میں اقرار کرتا /کرتی ہوں کہ اگر معلومات غلط ثابت ہوئیں یا میں نے ہاشوفاؤڈیشن کی ساخت یا سازوسامان کو نقصان پہنچایا تو پالیسی کے مطابق میرے خلاف قانونی کاروائی عمل میں لائی جائے۔ میں مزید اقرار کرتا/کرتی ہوں کہ:
 ۱۔ اگر میں کسی بھی گیر اخلاقی اور سیاسی سرگرمیوں میں ملوث پایا گیا/گئی تو مزید کسی انتباء یا تحریری نوٹس کے بغیرٹریننگ سے نکال دیا جاؤنگا /جاؤنگی۔
 ۲۔ میں DTS ہاشوفاؤڈیشن کے تمام قوانین اور قوائدو ضوابط کی مکمل پاسداری کرونگا/کرونگی۔
۔ میں ٹائم ٹیبل کے مطابق تمام ٹریننگ سیشننز میں شرکت کرتے ہوئے Credit Hours پورے کرؤنگا /کرؤنگی۔
۴۔ میں باقاعدگی کیے ساتھ اساتذہ کی دی گئی تمام اسائنمنٹ اور تربیتی مواد کو پورا کرؤنگا /کرؤنگی۔
 ۵۔ میںDTS باشو فاؤنڈیشن میں باور دی(کورس کی ضرورت کے (مطابق آؤنگا / آؤنگی۔
 میں ہمیشہ تعلیمی مواد کو استعمال میں لاتے ہوئے امتحانات کو پاس کرنے کی بھرپور تیاری کرؤنگا /کرؤنگی۔
درخواست گزار کے دستخط ۔۔۔۔۔۔۔۔۔۔۔۔تاریخ ۔۔۔۔۔۔۔۔۔
ریفرنس: میں اس درخواست گزار کے ریفری کی حیثیت سے فاؤنڈیشن کو یقین دہانی کرواتا/کرواتی/ ک درخواست گزار اوپر دیے گئے مندرجات کا پابند رہے گا/گی اور ٹریننگ پروگرام کے مقررہ درانیہ میں نظم و ضبط اور تمام اخلاقی تقاضوں کو ملحوظ خاطر رکھے گا/گی۔
ریفری کا فون نمبر ریفری کا شناختی کارڈ نمبر
ریفری سے رشتہ۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔
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