



**GOVERNMENT OF PAKISTAN
MINISTRY OF COMMERCE & TEXTILE
TEXTILE COMMISSIONER'S ORGANIZATION
(Textile Skill Development Board)**

Attach 2 passport size photos here

Application Form for Trainer

A. PARTICULARS:

1. Name in full (in block letters) _____
2. Father's Name: _____
3. Date & Place of Birth: _____ 4. Domicile (indicate District): _____
5. National Identity Card No.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
6. Postal Address: _____

7. Marital Status: _____ 8. Nationality: _____ 9. Religion _____

B. ACADEMIC QUALIFICATIONS:

| Name of Examination (Please Tick) | Division | Mark Percentages | Year | University/ Board | Major Subject |
|--|----------|------------------|------|----------------------|---------------|
| a) S.S.C | | | | | |
| b) HSSC | | | | | |
| c) B.A/ B.Sc./B.Com/BBA (Hons Pass) | | | | | |
| d) M.A/M.Sc. | | | | | |
| e) Any other | | | | | |

C: PREVIOUS SERVICE RECORD:

10. (Starting from initial position)

| Name of Institution/ Organization/Department | Post Held with Pay Scale | | Period | | Total | |
|---|--------------------------|-----|--------|----|-------|-------|
| | Designation | BPS | From | To | Year | Month |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Experience | | | | | Year | Month |
| | | | | | | |

11. Please give details of training, research, extension work, etc. (Add separate sheets, if necessary)

12. Reference (at least two names with designations and address in respective fields)

| | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

13. **Note:** *Please attach two sets of attested photo copies of experience certificate/degree/national identity card and domicile certificate.*

Declaration: By signing below, I acknowledge that the above information is true to the best of my knowledge. Any misinformation would render me ineligible for the induction.

Dated: _____

Signature of Applicant

Cell No. _____

Email: _____