

FORM B – TRAINEE PROFILE FORM

(PSDF Internal Use) Trainee ID		Residence Verified	Not Verified	Age Verified	Not Verified	
Registration No (To be filled by Testing body)		CNIC	Verified	Not Verified		
Training Scheme						
Name of Service Provider						
Name of Trainee (In block letters as per CNIC)						
Trade		[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]				
Class Code						
Roll No.	Batch No.					
Shift	Morning Evening					Class Section
Address of Training Centre						
House Number	Street/ Mohallah			Voucher Holder	Yes No	
Mauza						
Tehsil/ Town	District					
Gender	Male Female	Date of Birth (dd-mm-yy)	-	-	Religion	Muslim Non-Muslim
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		Student	Self-Employed	Wage Employment	Daily Wage Labourer	
Education Level (Highest Level Completed)						
Cannot Read/Write		Informal (Can Read & Write) e.g. Hafiz-e-Quran		Class1-5	Primary	Class6-8
Middle		Class9-10		Matric	Intermediate	Above Intermediate
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			
Signature or Thumb Impression of Trainee & Date			Name _____			
			Signatures _____			
			Date _____			

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