FOR OFFICE USE ONLY

ROLL NO

_____

Regional Training Center LESCO

Trainees Management System

TRAINEE REGISTRATION FORM

PASTE FRESH PHOTO

PERSONAL INFORMATION

Name of Candidate (Block Letter)

Father's Name

CNIC - -

Date of Birth - -

ERP No.

Qualification

Contact No.

Emergency Contact No.

Address

Gender

☐ **Male** ☐ **Female**

Husband's Name

EMPLOYMENT INFORMATION

Designation

Date of Joining - -

BPS

Date of Entry in Present Grade - -

Company

Office Name

Circle

Division

TRAINING INFORMATION

Training Course

Start of Training Date - -

Arrival Date - -

End of Training Date - -

Nomination Letter No

Office Nominate By

Nomination Letter Date - -

Certified that I have filled in all the columns completely and no wrong or incomplete information has been given by me to the best of my knowledge. If any information is found incorrect/ incomplete, I shall be liable to disciplinary action under the prevailing Efficiency and Discipline rule. **I further undertake that I am participating the above said training Course for the**:

☐ **1st Time** ☐ **2nd Time** ☐ **3rd Time** ☐ **4th Time.**

Signature of Candidate