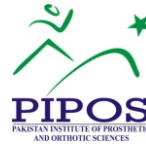


VOCATIONAL TRAINING APPLICATION FORM



1. GENERAL INFORMATION

Name: _____

Age: _____ Gender: _____

Contact Number: _____

Email (if applicable): _____

Address: _____

Guardian/Emergency contact number: _____

2. BENEFICIARY DISABILITY STATUS/INFORMATION

Name of the physical rehabilitation center you have attended: _____

Your registration number: _____

Type of Disability: _____ Cause of disability: _____

Do you have difficulty walking or climbing steps?

- No difficulty Some difficulty A lot of difficulty Can not do at all

If you have mobility problems, which assistive devices/mobility aids are you currently using:

- Wheelchair Prosthesis Orthosis/Brace Crutches Other

Do you have difficulty in performing Activities of daily living other than mobility? Yes No

If yes please specify: _____

3. Education Background (Please select your qualification option from the following)

- Primary (5th grade) Middle (8th grade) Secondary (10th grade)
 Higher secondary (12th grade) Graduate (14th / 16th) Post graduate (18th) or above
 Other (please specify): _____

4. Professional Background

Have you ever attended any vocational training? Yes No

If YES, which training (where, duration and when)? _____

Were you previously working? Yes No

If YES, what was your profession? _____

5. VOCATIONAL TRAINING:

please read the below table carefully, and select your top 3 trades of interest as priority 1, 2, and 3 from the following list.

S. No.	Name of the Course	Education Criteria	Duration	Accessibility	Priority	Gender
1	Gemology	Matric	6 Months	Accessible		Male/Female
2	Computer Operator	Matric	6 Months	Accessible		Male/Female
3	Mobile repairing	Matric	6 Months	Accessible		Male
4	Tailoring	Matric	6 Months	Accessible		Male/Female
5	Cooking and Baking	Matric	6 Months	2 nd Floor		Female
6	Beautician	Matric	6 Months	2 nd Floor		Female

Please explain your motivation and rationale for the priorities selected above.

What are your professional expectations from the training you selected?

6. SOCIO-ECONOMIC BACKGROUND

What is your/household current income?

What is the source of the income?

Household status, rented or own?

Are there any dependent members in the household? Yes No

If YES, please mention the number of dependents:

Are you willing to enroll in this vocational training program? Yes No

Attachments:

- Academic board certificate
- Copy of CNIC

Declaration:

I hereby declare that all the above information provided in the application are correct and true to the best of my knowledge.

Name and Signature