

ENTRY PERMISSION PROFORMA FOR NCNDT/PWI

Govt./Semi Govt. Sector Organizations

1.	Name (Capital letters)											One photograph with name and father name on back side				
2.	Designation															
3.	Father Name															
4.	CNIC # (must attach visible copy)						-								-	
5.	Cell No						Religion				Nationality					
6.	Purpose of Visit	<input type="checkbox"/> Training <input type="checkbox"/> Certification <input type="checkbox"/> Internship <input type="checkbox"/> Seminar <input type="checkbox"/> Meeting <input type="checkbox"/> Any other (please specify) _____														
7.	Visit Duration (Course name and dates)															
8.	Details of previous such visit (last course attended if any)															
9.	Sponsoring Organization (Name, complete address with contact #)															
10.	Provide two references :	Name: _____ Contact No. _____ CNIC No. _____ Signature: _____														
11.		Name: _____ Contact No. _____ CNIC No. _____ Signature: _____														

Signature of Applicant

11. It is declared that the above mentioned information is correct and he is bonafide employee of our organization.

Signature with Stamp
(Head of Sponsoring Organization)