

## **COMSATS Institute of Information Technology**

COMSAT Road, Off G.T Road, Sahiwal Ph: 040-4305005, 9200100

## **PWWB Data Collection Form for New intake Applicant**

| Online Admission Form No.   |    |       |       |          |       |       |  |   |  |      |   | by default     |  |  |  |
|---|----|-------|-------|----------|-------|-------|--|---|--|------|---|----------------|--|--|--|
| Name of Applicant (as per matric certificate)   |    |       |       |          |       |       |  |   |  |      |   |                |  |  |  |
| Name of Father (as per matric certificate)  |    |       |       |          |       |       |  |   |  |      |   |                |  |  |  |
| CNIC/ B-Form No.  |    |       |       |          |       |       |  |   |  |      |   |                |  |  |  |
| Date of Birth (as per matric certificate)   |    |       |       |          |       | Gende | er                                     |   |  |      |   |                |  |  |  |
| Domicile city   |    |       |       |          |       |       | Last Degree:                           |   |  |      |   | Total<br>Marks |  |  |  |
| Permanent Address   |    |       |       |          |       |       |  |   |  | CGPA | 1 |                |  |  |  |
| Contact No. & Email address:  |    |       |       |          |       |       |  |   |  |      |   |                |  |  |  |
| Name of Worker CNIC No. (Proof should be offeeled)  |    |       |       | <u> </u> |       |       | !                                      |   |  |      |   |                |  |  |  |
| Factory Registration No.  |    |       |       |          |       |       | Designation (Proof should be attached) |   |  |      |   |                |  |  |  |
| EOBI No.  |    |       |       |          |       |       | Social Security Card No.               |   |  |      |   |                |  |  |  |
| Name of Factory/ Shop/<br>Establishment   |    |       |       |          |       | ,     |  |   |  | •    |   |                |  |  |  |
| Factory Address   |    |       |       |          |       |       |  |   |  |      |   |                |  |  |  |
| Factory Email Adress  |    |       |       |          |       |       |  |   |  |      |   |                |  |  |  |
| Factory URL   |    |       |       |          |       |       |  |   |  |      |   |                |  |  |  |
| Salary Slip of worker   |    |       |       |          |       |       |  |   |  |      |   |                |  |  |  |
|   | UN | DERTA | AKING | BY T     | HE ST | UDEN  | <u>T:</u>                              |   |  |      |   |                |  |  |  |
| It is solemnly affirmed that the information pro-<br>form with carefully. In this connection, if any inf<br>Incomplete form will not be accepted. |    |       |       |          |       | •     |  | _ |  | •    |   |                |  |  |  |

## **Student's Signature**

## Please Note:

Attested copies of above mentioned catageories must be attached during the submission of form at Admission office.