



**SPORTS & YOUTH AFFAIRS, DEPARTMENT  
GOVERNMENT OF SINDH**



**APPLICATION FORM 2024-25  
Sukkur Institute of Science & Technology**

Form No: \_\_\_\_\_

APPLICANT'S DETAILS

Name of Applicant: (Block Letters)

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Male: Female: Age: Domicile:

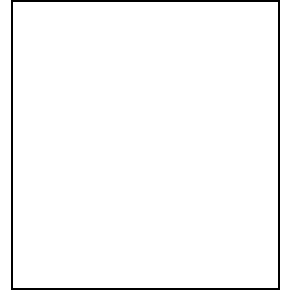
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Mobile No:

Phone No:

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EDUCATIONAL QUALIFICATIONS:

| Certificate /Degree       | Group / Field /Major   | Total Marks | Marks Obtained | Year Of Passing |
|---------------------------|--|-------------|----------------|-----------------|
| Matriculation             | Select any one group <input type="checkbox"/> Science-Bio <input type="checkbox"/> Science-Comp <input type="checkbox"/> Arts <input type="checkbox"/> General |             |                |                 |
| Intermediate              | Select any one group <input type="checkbox"/> Pre-Medical <input type="checkbox"/> Pre-Engineering <input type="checkbox"/> Other                              |             |                |                 |
| Bachelor /Graduation      | Please mention major subject:  |             |                |                 |
| Masters / Post Graduation | Please mention major subject:  |             |                |                 |

PERSONAL INFORMATION

Father's / Husband's / Guardian's Name:

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Father's / Husband's / Guardian's CNIC-No:

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Father's Husband's/Guardian's Profession:

Monthly Income (Rs):

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Total Monthly Expenditure:

Father's Husband's/Guardian's Contact No:

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Applicant's Present / Postal Address:

|                  |  |                     |  |
|------------------|--|---------------------|--|
| <b>District:</b> |  | <b>Town/Taluka:</b> |  |
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UNDERTAKING

I solemnly state that the information given on this form is true & correct. And that currently I am not employed anywhere. I have not availed any training under this program. Further, I understand and accept that any information concealed or in correctly given will disqualify me from the program and its benefits. I also understand that my registration will be subject to verification of providing information from training institute.

*Date*

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Applicant's Signature: \_\_\_\_\_

TRAINING COURSES

| S.No | Courses                             |  |
|------|-------------------------------------|--|
| 1    | Business Ethics                     |  |
| 2    | Leadership Development              |  |
| 3    | Communication Skills Training       |  |
| 4    | Entrepreneurship                    |  |
| 5    | Office Management Skills            |  |
| 6    | Personal & Professional Development |  |

DOCUMENTS REQUIRED

1. Copy of CNIC (Mandatory)
2. Two Passport Size Photograph
3. Attested copies of all certificates and degrees
4. Copy of Domicile
5. Income Certificate