CAREER DREAMS TECHNICAL TRAINING INSTITUTE

CDTTI | Mianwali, Punjab, Pakistan
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STUDENT ADMISSION FORM

For office use	Admission No: _____	Date received: _____

1. PERSONAL INFORMATION

Full name (as per CNIC/B-Form)	**Father's / Guardian's name**
Date of birth	**Gender**
CNIC / B-Form number	**Nationality**
Mobile number	**WhatsApp number (if different)**
Email address	**City / District**

2. ADDRESS

Current residential address	**Permanent address (if different)**

3. COURSE & TRAINING DETAILS

Course applied for	**Preferred batch / timing**
Training mode (Classroom / Online / Hybrid)	**Expected start date**
Highest education	**Current occupation (if any)**

4. EMERGENCY CONTACT

Emergency contact name	**Relationship**
Emergency contact phone	**Alternative phone (optional)**

5. DOCUMENTS CHECKLIST

■ CNIC / B-Form copy	■ Educational documents (if required)	■ Passport-size photograph (if required)

6. APPLICANT DECLARATION

I confirm that the information provided in this form is accurate to the best of my knowledge. I understand that admission, course availability, fees and certification requirements are subject to the institute's applicable policies and the requirements of the relevant awarding body.

Applicant signature: _____ Date: _____

Parent / Guardian signature (if applicable): _____ Office verification: _____

Submission of this form does not by itself confirm admission. Please contact CDTTI for course availability and any additional requirements.