

## Application Form for Paramedics course

Afghan Refugee  Camp /Location  Date \_\_\_\_\_

Name as per (ROR Card) \_\_\_\_\_

Father Name \_\_\_\_\_ Mother Name \_\_\_\_\_

Gender: Male:  Female:  Others:

POR Number/Registration No: \_\_\_\_\_ Contact No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City/Refugee/Village \_\_\_\_\_

Union Council: \_\_\_\_\_ Teh/Distt \_\_\_\_\_

Qualification: Matric:  Science Subject (biology etc)  Fsc: Science (Pre Med)

Other education:  Relevant certificate/ experience: Yes  No  if yes years

Mother Language \_\_\_\_\_

The Below mention catigories will be prefer \_\_\_\_\_

Application for difrent catogery: Disable:  Widow:  Orphan:

Applicant wiillingness to receive training in Islambad: Yes:  No:

Any other relevant information: \_\_\_\_\_

**Note: Please attach copies of all the required documents with complete application form**