

REGISTRATION FORM
Reg. # _____

Name of Applicant: \_\_\_\_\_

Father's / Husband's Name: \_\_\_\_\_

Gender: Male:  Female:  Marital Status: Single:  Married:

Date of Birth: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Telephone #: \_\_\_\_\_

Mobile # \_\_\_\_\_ Nationality: \_\_\_\_\_

NIC #: \_\_\_\_\_ Date of form submission \_\_\_\_\_

Paste here two  
Passport size  
Photos

**EDUCATIONAL QUALIFICATION** (start to fill from latest qualification)

Qualification	Major Subjects	Name of the institute	Grade / Division

Which course are you applying for: Housekeeping , Food & Beverage Production (Kitchen)  or Food & Beverage Services  (Please tick only one)

Why do you want this training and how can you benefit from it?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SOCIO-ECONOMIC INFORMATION (obligatory)**

Name of household head: \_\_\_\_\_ Relation with the applicant: \_\_\_\_\_ No. of earning members in family: \_\_\_\_\_ monthly income Rs. \_\_\_\_\_, Monthly income from property or land Rs. \_\_\_\_\_ any other income: \_\_\_\_\_. Total Income (Rs.) \_\_\_\_\_ No. of dependents in family \_\_\_\_\_ Total no of family members \_\_\_\_\_ monthly expenditure on education Rs. \_\_\_\_\_ other expenses of the family Rs. \_\_\_\_\_,

**DECLARATION:**

I \_\_\_\_\_ S/D/W/o \_\_\_\_\_, hereby solemnly declare that the above mentioned information are correct and true. I further declare that if the above information is found to be false or during the training if I harm the goodwill or property of Hashoo Foundation/Group, I would be held responsible for the disciplinary action/s according to the policies of Hashoo Foundation. And I shall not indulge in any unethical and immoral activities and will have no objection for being expelled from the training without any further warning/written notice. Management decision will be final and binding and I will not appeal against such decision/s. I undertake that I will pay my fee before the commencement of the course and I will intimate in written if I require leave; however, If during the training, I don't have 82% attendance or remain absent for six consecutive days without intimation; HF/HG has the right to expel me from the training and withhold my certificate and training fee.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**REFERENCE:**

I hereby verify that Mr./Ms. \_\_\_\_\_ is known to me for the last \_\_\_\_\_ year (s) and he/she bears good moral character and in case of any undue conduct by him/her I will be deemed held/ equally responsible for that.

Name: \_\_\_\_\_ CNIC \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:**

Please attach the following documents:

Certificates and degrees of academic qualification.

Two passport size Photographs.

A copy of your NIC or Father's NIC.

One NIC copy of the referee

Police verification

Following medical test reports (for F&B Production only)

- Hepatitis B & C
- HIV
- Urine R/E
- Stool R/E
- Chest X-ray
- Vidal Test

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**FOR OFFICE USE ONLY**

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Attached documents are checked, verified and her / his application is accepted. She / He will pay the training fee Rs. \_\_\_\_\_ and admission fee Rs. \_\_\_\_\_ Total Fee is Rs. \_\_\_\_\_. Any other comments: \_\_\_\_\_

Training Start Date: \_\_\_\_\_ Training End Date: \_\_\_\_\_

Received Rs. \_\_\_\_\_ under receipt No. \_\_\_\_\_ Date: \_\_\_\_\_ Remarks: \_\_\_\_\_

Allocate registration number and punched data on excel \_\_\_\_\_

**Project Officer (Skills Development)** \_\_\_\_\_