OFFICE OF THE PRINCIPAL / COORDINATOR PARAMEDICS TRAINING



Ph# 091-9331179 Fax# 091-9331577



SESSION			
Technology	Shift(Morning/Evening)		
Degree/Diploma	Batch		
Name of the Student			
Father's / Guardian Name			
Date of Birth			
CNIC NO/Form B			
Gender: Female/Male			
	<u>ADDRESS</u>		
Residential			
Phone (Home)	Mobile#		
Permanent			
Emergency 1:	Father/Guardian Details		
	Telephone No		
Address:			
	Next of Kin/Family Member		
Emergency 2:			
Name:			
Mobile No	Telephone No		
Address:			
	FOR HOSTEL USE ONLY		
Allotted hostel Name:	Room No		
Warden's Remarks			
Verified Emergency Contact Nu	umber		

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ZAB POSTGRADUATE PARAMEDICAL INSTITUTE DAURANPUR PESHAWAR

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I, Mr./Mrs/ Miss	S/D/W of
	at the information given above is correct and, solemnly, undertake that stay in the hostel, shall abide by hostel rules and regulation.
 I shall not allow outsiders to Authorities may place lock/orules of rules of required for I shall pay all the utility bills No outsider is allowed except I further undertake and affire 	open and transfer my belongings to store in case found breaking the any purpose. of my room and other charges of hostel. ot next of kin/Guardian; without permission of hostel warden. on on oath that I shall neither indulge in any sort of activity prejudicial to be of the ZAB PGPI nor any politics whatsoever, failing which I shall not
hostel accommodation at Z his/her good behavior during matters of hostel admission	Signature of Applicant PARENT'S GUARDIAN CERTIFICATE certify that my son/daughter/ward is applying for AB PGPI my permission and undertake that I will be responsible for a his/her stay in the institute will accept all decision of the authorities in and discipline. I further undertake that he/she who has furnished the amply with it in case he/she violates the same, he/she shall face
	Signature of parent's Guardian CNIC No
	[Attach copy]

FOR OFFICE USE ONLY

Warden/Hostel Incharge	Admin Section	Accounts Section	Authority
Verified that all necessary	Hostel Accommodation	Received Rs	Approved
document completed.	Recommended / Not recommended	Vide Bank No	
Allotted Room No	Not recommended	Dated	
		(attached)	
warden/Incharge	Admin Officer	Accounts Section	Principal /Vice Principal