





## SKILL DEVELOPMENT REGISTRATION FORM

Please complete the form below and select your preferred training program. Shortlisted candidates will be required to submit documentation for verification (e.g., CNIC or Form B, Benazir Income Support Program registration, or Union Council Poverty Certificate).

## **ELIGIBILITY CRITERIA:**

• Youth (Male 15-29 years), (Women & Transgender: 15-35 years)

• Income Status: Registered with BISP with Poverty Score Card 0 to 40 or provide Union

Council Poverty Certificate.

Domicile: Khyber Pakhtunkhwa, including Merged Areas

• Registration: Under this scheme, candidates can enroll in only one skill development

program

PERSONAL INFORMATION	
Full Name	
Phone Number	
Date of Birth	Day/Month/Year/
CNIC #Number or Form B (If Under 18)	
Gender	☐ Male ☐ Female ( <i>Priority</i> ) ☐ Transgender
	☐ Ilitrate ☐ Middle ☐ Matric or Equivalent
Education Level	☐ Intermediate/Diploma/ Equivalent
	☐ Bachelor or Above
Preferred District for Training (KP & Merged)	
Domicile (KP District)	
SOCIOECONOMIC INFORMATION	
Field Details	8/4 4 /4 4/8///
Poverty Status BISP Eligeble	
☐ Union Council Poverty Certificate (if applicable)  TRAINING PROGRAM SELECTION: (Please Select Only One Choice)	
Sector	Training Options
Agriculture/Agri-Business	□ Livestock Farm Management
Agriculture/Agri Business	☐ Food Technology (Preservation & Processing)
	☐ Integrated Pest Management
	☐ Agricultural Farm Management
Technical/Vocational (TEVT)	□ Beautician and Skin Care
	☐ Tailoring
	☐ Industrial Automation
	☐ Building Electrician ☐ Plumbing
	□ CCTV Camera Installation
Emerging Technologies	☐ Mobile App Development
	□ Web Development
	☐ Artificial Intelligence (ML/DL)
Digital Skills	☐ Graphic Design
	☐ Digital Literacy / IT Office Assistant
0.6.01.11	☐ Digital Marketing
Soft Skills	☐ Career Competency Development
Hospitality	☐ Front Desk Operations
	☐ Food & Beverages (F&B)

Please submit CNIC, Last Certificate /Degree & Poverty Certificate (if Applicable) Consent, Disclaimer and Signature

I hereby confirm that the information provided is accurate and I agree to the terms and conditions of the registration. I will submit all required documents for verification and understand that I am eligible to register for only one training program.

Date Signature/ Thumb Impression: