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| Name of Institute: \_\_\_\_\_\_\_\_\_\_\_  Inst.Reg.No. \_\_\_\_\_\_\_\_\_\_District:\_\_\_\_\_\_ | **CBT**  **Registration Form** | CBT Qualification:\_\_\_\_\_\_\_\_  Level: \_\_\_\_\_\_\_\_\_\_\_ |

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| **Sr. No.** | **Name of Trainee** | **Father’s Name** | **CNIC /  B-Form No.** | **Date of Birth** (DD/MM/YYYY) | **Qualification of Trainee** | **CBT Qualifica**  **tion** | **Start of Training** (DD/MM/YYYY) |
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Principal

Signature & Stamp