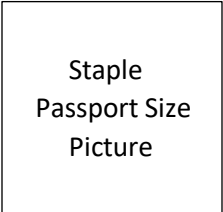


Govt: Naseerullah Khan Babar Memorial Hospital Kohat Road,
Peshawar

Form No: Std/_____

Trainee Student Form



Student Name: _____

Father Name: _____

CNIC #: _____

Date of Birth: _____

Institution Name: _____

Student Institution Registration #: _____

Mobile # (Whatsapp): _____

Training Duration: _____

Date: _____

Student Signature

For Office Use Only	
MS Office Order #:	_____
Institution Letter #:	_____
Allocated Unit:	_____
Training Start Date:	_____
Training End Date:	_____