



**ADMISSION FORM
TRAFFIC TRAINING DRIVING SCHOOL
CITY TRAFFIC POLICE, PESHAWAR**

☎ 091-9225370, 091-9225365

✉ ctopeshawar@ptpkp.gov.pk



Note: Please read the form carefully before filling it. Attach the required documents as mentioned in this form. Incomplete Application Forms will be rejected.

Course Details:

Course Name: Motor Cycle Motor Car LTV
Preferred shift: 1st Shift 2nd Shift 3rd Shift

Personal Information:

Name: _____

F/Name: _____

CNIC No: _____

Passport No: _____
(For foreigner only)

Gender: Male Female Transgender

D.O.B: ____/____/____ Mobile #: _____

Student Type: General Police Personnel Wards of Police

Education: _____

Profession: Student Govt Employee Private Employee Other

Present Address: _____

Declaration: I, _____ son/daughter of _____ have read and hereby certify that the information submitted in admission form is complete and accurate to the best of my knowledge.

Date: ____/____/____

Signature: _____

✂

For Office Use Only

Form No: _____ Course No: _____

Registration No: _____ Shift: _____

Fee: _____ Voucher No: _____

Book No: _____ Amount Received By: _____

Incharge Signature: _____

Driving School Name: _____

Date: _____