



# SKILL DEVELOPMENT COUNCIL PUNJAB, LAHORE

Ministry of Federal Education and Professional Training

Government of Pakistan

1st Floor, Plaza# 38, Commercial Area, Cavalry Ground, Lahore Cantt

Phone No 0423-6610455, E-mail: info@sdclahore.gov.pk



## APPLICATION FORM FOR CORRECTION & DUPLICATE DOCUMENTS

Session \_\_\_\_\_ to \_\_\_\_\_ Trade:- \_\_\_\_\_

Institute Name:- \_\_\_\_\_

Name: - \_\_\_\_\_

Father's Name: - \_\_\_\_\_

Phone #-: \_\_\_\_\_ E-Mail:- \_\_\_\_\_

Registration #-: \_\_\_\_\_ Roll #: \_\_\_\_\_ Semester/Module: \_\_\_\_\_

Correction In:	<input type="checkbox"/>	Transcript	<input type="checkbox"/>	Certificate / Diploma	<input type="checkbox"/>	Both
Original:-	<input type="checkbox"/>	Transcript	<input type="checkbox"/>	Certificate / Diploma	<input type="checkbox"/>	Both
Duplicate :-	<input type="checkbox"/>	Transcript	<input type="checkbox"/>	Certificate / Diploma	<input type="checkbox"/>	Both

Received By

<u>Mistake in Issued Document/s</u> _____ _____ _____	<u>To be Corrected in New Document/s (In Block Letters</u> _____ _____ _____
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### INSTRUCTION (The form must be supported with)

- Original Document(s) in which correction required (for Correction)
- Transcript and Admit Card of examination (for Duplicate)
- Matric Certificate \ Marks Sheet or Last Qualification Certificate

Date: - \_\_\_\_\_ Signature of Student: \_\_\_\_\_

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### RECEIPT

Name: - \_\_\_\_\_

Institute Name: - \_\_\_\_\_

Trade: - \_\_\_\_\_ Documents:- \_\_\_\_\_

Received on: - \_\_\_\_\_ Issue on: - \_\_\_\_\_ Payment Rec.:- \_\_\_\_\_

Signature with Stamp:- \_\_\_\_\_