



**OFFICE OF THE MANAGING DIRECTOR, WASA,  
H.D.A CIVIC CENTER THANDI SARAK HYDERABAD.**

for office use	_____
Passed / Failed	_____
Licence No:	_____
Card No:	_____

**Application Form Registration As A Licensed Water Conection Plumber**

**Instructions**

- 1 Please read instructions before completing the form.
- 2 All information required must be provided. Incomplete details, false particulars or wilful suppression of material facts will render the application liable to disqualification.
- 3 All applicants will be notified of the outcome of their applications.
- 4 The Competent authority not obliged to provide any reason for the selection of applicants.
- 5 Shortlisted applicants will be required to a Rs: 5,000/- oral examination fee and produce original copies of their certificates (including the registered Medical practitioner, if any) and testimonials for verification at a later date.
- 6 This form shall be submitted together with copies of the following documents:
  - a Two full-colour passport-size photograph.
  - b Photo Copy of CNIC.
  - c Relevant Certificates / Diploma / if any.
  - d Expericnce Certificate issued by Sanitary Shop.

Paste one recent full colour passport size photograph

7 Name \_\_\_\_\_

8 Father Name \_\_\_\_\_

9 CNIC No: \_\_\_\_\_

10 Date of Birth \_\_\_\_\_ B.Group \_\_\_\_\_

11 Age \_\_\_\_\_

12 Phone No: \_\_\_\_\_ Mobile No \_\_\_\_\_

13 Permanent Address \_\_\_\_\_

14 Date of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

**Declaration.**

- I Have attached the supporting document showing the relevant work experience I have acquired, for the purpose of my application.
- I Certify that the information given in this application and any documents attached are true, correct and complete.

Signature of Applicant / Date \_\_\_\_\_

**For office Use.**

Allication Status: APPROVED / REJECTED

Date of Exam Fee Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Mode of Payment: Cheque / Nets / Cash