

OFFICE OF THE ASSISTANT DIRECTOR (EXAMINATION) DCTE

Form for correction/appeal

Name: _____ Father Name: _____

District: _____ Training Center Name: _____

Cadre: _____ CNIC NO:- _____

S.No in the List: - _____ Contact No. _____

Correction Required-

S. No	Correction Required in	Please mention the corrections	Evidence required
1	Name	Correct Name	Appointment order/Service Book 1 st page
2	Father Name	Correct Father name	--do--
3	Cadre	Correct cadre	--do--
4	CNIC	Correct CNIC	CNIC Photo copy
5	District	Correct District Name	--do--
6	Change of Center	Center required	No of Candidates in desired center (attach list)

Signature of the Appellant

Note:-

- This form is only for correction, the candidate eligible for final examination but failed to submit their form are requested to send the Admission form through RPDC concerned.
- Appeal received after 03/11/2023 will not be entertained.
- Please send this Form/appeal to Assistant Director (Exam) DCTE housed at DPD building landay sarak Larama, Peshawar. Whats app No. 03339199820