ONE WINDOW OPERATION FORMATION REPORT

Please use a black or a blue ballpoint pen to fill out this form. Use BLOCK letters only.

Established Date:	**District:**	**Tehsil:**	**Union Council:**
Focal Person Name:		**Designation:**	

One Window Staff Information

S #	Name	Gender	NIC#	Address	Telephone	Qualification

Report Filled By		
	Name :	
	Designation:	
	Organization:	
	Signature:	
	Date(Day/Month/Year):	