FEDERAL OMBUDSPERSON SECRETARIAT FOR PROTECTION AGAINST HARASSMENT OF WOMEN AT THE WORKPLACE.

APPLICATION FORM FOR RECIEPT OF DOCUMENTS AND THEIR CERTIFIED COPIES

Registration No _____ /20

1. Complaint No. _____

2. Title _____

VERSUS

_____

3. Details of required documents:

a) d)

b) e)

c) f)

4. Nature of Complaint: Harassment/ Property Rights _____

5. Whether the applicant is party/counsel in the case: Yes/No

6. Case Status/stage: _____

7. Purpose: _____

Name & Address of Applicant: _____

_____

8. Next date of Hearing:_____
N.I.C. #_____Mobile # _____

Date _____Signature_____

Registrar (FOSPAH)

Approved/ Not Approved

Signature_____

Marked to: _____

FOR OFFICIAL USE:

Date of Application: _____

No. of Pages: _____

Date of Completion of Copy: _____

Date of Delivery of Copy: _____

Prepared / Compared by: _____

Documents Received: (Full Name): _____

Note:-

i. **Please attach the photocopy of CNIC (except Advocates).**
ii. **Copies will be processed within 03 working days as per the SOPs.**