	Post applied for ( N	lame of	Post)_				
	Name of Applicant						
3. Father's Name				Date of Birth			
4.	Address:						
	(a) Present (on wh	ich all c	orrespor	nde	nce will be	done)	
	(b) Permanent						
5.	Domicile/ District/P	rovince	:		Tele	phone No	
	National Identity Ca				The state of the s	**************************************	
	Qualification of A						
	Qualification	Total		s ed	Name of Board / Technical Institut		
a.	Metric						
b.	F.A/FSc/ I.Com						
C.	B.A						
	Technical Diploma						
d.	Experience / prev	ious Se	rvice if	an	y: -		
_			, 1	Du	ration	Total Period of Exp / Svc	
9.		Org	/		То		
_		Org Offic		_	То	7300	
9.				_	То	7 3 4 5	
9. Ser				_	То	7 3 4 5	

Date-

(Signature of Applicant)