

# APPLICATION FORM

The,

Administrative Officer,  
P.O. Box No. 2066, ISLAMABAD

Post Applied for: \_\_\_\_\_

Attach photograph  
with CNIC No.  
on its back 1.25"x1.5"

Computer ID (For office use): \_\_\_\_\_

**Note: Partially filled form will not be entertained. Write N.A where required.**

2. Name: \_\_\_\_\_ 2. Father's Name: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ 4. Nationality: \_\_\_\_\_

6. Gender: \_\_\_\_\_ 6. Disability (if any): \_\_\_\_\_  
(Male/Female)

7. CNIC No. \_\_\_\_\_ 8. Marital  
National Identity Card No. issued by NADRA Status: \_\_\_\_\_  
(Single/ Married)

9. District & Province of Domicile: \_\_\_\_\_ 10. Religion: \_\_\_\_\_ 11. Sect: \_\_\_\_\_  
Islam, Christian, Hindu, Ahmedi etc) (Sunni, Shia etc)

12. Mailing Address: \_\_\_\_\_  
Tehsil: \_\_\_\_\_ District: \_\_\_\_\_

13. Contact No: \_\_\_\_\_ 14. Mobile No: \_\_\_\_\_  
Telephone No. with Area Code

15. Highest Qualification: \_\_\_\_\_ 16. Subject: \_\_\_\_\_

17. Academic Record: (Matric/ O'level onward)

Examination(s)	Passing Year	Board	Division	%Marks	Major Subject(s)

18. Professional Courses/ Trainings:

Sr.#	Course/ Certificate	Year	Duration (Months)	Institution

19. Post Qualification Relevant Experience/ Employment Record:

Organization	Designation	Govt./ Private	Monthly Salary	Starting Date	Ending Date	Reason(s) of Leaving

20. I certify that the information provided by me in this Application Form is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on this Form or on other documents requested by the organization will result in cancellation of present and future employment.

Date: \_\_\_\_\_

DD-MM-YYYY

\_\_\_\_\_  
(Applicant's Signature)