

APPLICATION FORM

Photograph

Application for the Post of _____

Name			Father's Name			
Date of Birth			Domicile			
C.N.I.C No.			Contact No.			
Religion			Postal address:			
Permanent address:						
Detail of Family Members already working in PAEC:	Name		Designation		Project/Centre	
Qualification:						
Degree/Certificate	Passing Year	Marks Obtained/Out of	Div/Grade	Board/University		
Experience:						
Name of Organization	Period			Nature of Job/Designation		
	From	To	Total			

Dated: _____

Signature of Applicant