

APPLICATION FORM

Computer Number: _____
(For Office use only)

Post Applied For: _____

Name of applicant: _____

Father's Name: _____

CNIC No: [] [] [] [] [] . [] [] [] [] [] [] [] . [] []

Date of Birth: - - Age (on closing date):

Domicile (District / Province): _____

Postal Address: _____

Permanent Address: _____

Phone#: _____ Mobile#: _____ E-Mail: _____

a. Educational Qualification (start with highest qualification)

Certificate/ Degree	Major Subjects	Board /University	Year of Passing	Marks		Division/ Grade
				Obtained	Total	

b. Additional Qualification (Computer etc.)

Certificate/ Diploma	Duration	Passing Year	Institute	Board / University

c. Experience / Service Record (Most recent first)

Name of Office/ Department	Position Held / Designation	From	To	Nature of Job/ Field of work

Total Experience: _____

Attachment: Attested (readable) photocopies of Academic Certificates & Transcripts, Marks Sheets, Experience Certificates, Domicile, CNIC etc.

Declaration: By signing below, I acknowledge that the above information is true to the best of my knowledge. Any misinformation would render me ineligible for the induction.

Date: _____

(Signature of Applicant)