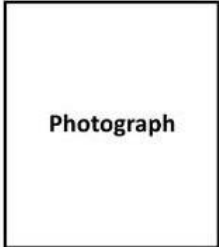


APPLICATION FORM



Name of Post _____

Name of Applicant _____

Father Name: _____ Date of Birth _____

N.I.C No.

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 Domicile _____

Through proper Channel YES / NO Name of Department _____

Postal Address of Candidate _____

Permanent Address of Candidate _____

Phone No. _____ Mobile No. _____

Qualification:

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

Experience:

Name of the Government Department	Post Held	From

Date _____

Signature of applicant _____