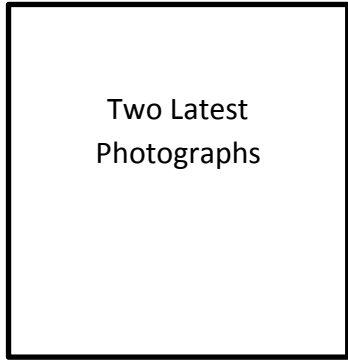**Name of Post Applied for:** _____ **BPS:** _____

1. Name: _____
2. Father's Name: _____

3. Date of Birth: _____
4. Domicile: _____

5. Qualification: _____
6. Experience: _____

7. CNIC No: _____
8. Postal Address: _____

9. Contact No.: Resident _____
10. Mobile: _____

Declaration: I certify that all information, provide by me, in this Application Form is true and correct to the best of my knowledge and belief.

Date: _____   Signature of Applicant: _____