

BIO DATA FORM

Picture

1. POST APPLIED FOR _____
2. NAME (block letter) _____
3. FATHER'S NAME _____
4. DATE OF BIRTH _____
5. DOMICILE _____
6. CNIC NO. _____
7. PERMANENT ADDRESS _____

8. POSTAL ADDRESS _____

9. CONTACT NO. _____ E-MAIL _____
10. NATURE OF DISABILITY (if any) _____
11. AGE (As on Closing Date of Application) Y.D.M. _____
12. DETAIL OF QUALIFICATION / EXPERIENCE

a. ACADEMIC / TECHNICAL:

Sr. No.	Degree Certificate / Course	Total Marks	Obtained Marks	Name of Board / Institute
1				
2				
3				
4				

b. EXPERIENCE:

Sr. No.	Department / Organization	Post Held	Total Service
1			
2			
3			
4			

Signature of Applicant: _____