APPLICATION FORM

Nar	ne of Post (applied for):	Head	Master	Head Mi	stress				
1.	Name:							_	Photograph
2.	Father's/Husband's Name:							_	
3.	Date of Birth:								
4.	CNIC No:								
5.	Cell No:								
	Religion:								
7.	Domicile:								
	Educational Qualification: (a from the	highest qualification	1				
Sr. No.	Degree / Examination		Year of Passing	University / Board		Class / Division		Specialization (if any)	
1			1 0331118			Divis	1011		
2					20				
3									
4									
9.	Professional Qualification:								
Sr. No.	Degree / Examination		Year of Passing	University / Board		Class / Division Spec		Speciali	zation (if any)
1									
2									
3									
4									
10.	Experience: (starting from t	he cur	rent job)						
Sr. No.	Name of Institution	De	signation	Duration	Scale o	-	Gros	ss Salary	Regular / Temporary
1									
2									
3									
-									
11.	Personal No. (Issued by A.G	. Sindl	n / District	Accounts Office):					
12.	Address: (a) Postal Addi	ess:							
	(1)	- *							
	(b) Permanent	Addre	 ess:						
Date:// 2015 Signature:									