

APPLICATION FORM

Post Applied For _____
(in capital letters)

Name _____

Father's Name _____

Date of Birth _____

Domicile _____ CNIC No. _____

Age (on closing date of application) _____ Years _____ Months _____ Days _____

Marital Status _____ Gender _____ (Male/Female)

Religion _____

Postal Address _____

Permanent Address _____

Date _____

Signature of Applicant

