## **BIODATA FORM**

				DIODA	IIA I OIUI	_				
	ı					Post App	Post Applied For:			
A. PERSONAL DESCRIPTION:						Field / T	rade:			
Father's Name:										
Date of Birth:								Photograph x 2 (Passport Size)		
	le:									
Religion:				Sect:	Sect:					
Postal	Address:									
Contac	t Number:						-4			
B. QUA	ALIFICATIONS:				_					
Degree / Certificate		Subjects		Year Passed	Division / Grade	Board / University		Ma Obtained	arks Maximum	
						6		Obtained	Maximum	
C. CON	1PUTER COURS	ES:				<u>-1</u>				
Institution Du		Duratio	an 1	Courses Complete		ntod.	Division /	Marks		
		Duration		Courses Complet			Grade	Obtained	Maximum	
	(									
D. EXP	ERIENCE:			·				1		
S.No.	Organization Name		No. of Years Expe		To Field of		Work	Position Held		
	HED DOCUMEN		م ا مانمام	as marks sha	ata damisila	CNIC NOC	lank for alrea	du comina con	didates)	
Atteste	d copies of certif	icates / degrees	s / aipioma	is, marks she	ecs, domicile,	CNIC, NOC	only for alread	uy serving can	uidates)	
Signature of Applicant: Date:										