APPLICATION FORM

Name of the Post with BPS: _____

Full Name of the Applicant: _____

Father's Name: _____   Date of Birth: _____

CNIC Number: _____   Domicile: _____

Gender: _____

Postal Address: _____

_____

Phone Number: _____   Mobile Number: _____

Qualification:

Sr. No.	Certificate / Degree	Board / University	Passing Year	Grade / Division	Field / Subject

Experience:

Name of Department	Post	From	To

I Mr. / Ms. _____ solemnly declare that the information provided by me for the appointment under BPS is correct and true in all respects. Any fake / incorrect information detected at any time will be liable for penalty to be decided by the competent authority.

Date: _____   Signature: _____