Deputy Director (HQ) Balochistan, Quetta P.O. Box No. 82, GPO, Quetta.

## **APPLICATION FORM**

|   |  | A                 | pplication Reference N    | No              |                   |                 | _                  |                            |
|---|--|-------------------|---------------------------|-----------------|-------------------|-----------------|--------------------|----------------------------|
|   |  |                   |                           | (F              | or Office Use     | e Only)         |                    |                            |
| 1   | Name:  |                   |                           |                 | 2 Date            | of Birth        |                    |                            |
|   |  |                   |                           |                 |                   |                 |                    |                            |
| 3.  | Father's Name:   |                   |                           |                 | 4. E-m            | ail:            |                    |                            |
| 5.  | Postal Address:  |                   |                           |                 |                   |                 |                    |                            |
| 6.  | Permanent Addres   |                   |                           |                 |                   |                 |                    |                            |
| 7.  | Contact No:  |                   | 8. CNIC I                 | No:             |                   | -               |                    |                            |
| 9.  | 9. Gender: 10. Marital Status: 11. District of Domicile: |                   |                           |                 |                   |                 |                    |                            |
| 12.   | 12. Province: 13. Religion:                              |                   |                           |                 |                   |                 |                    |                            |
| 14.   | Academic Record  | (Give Exact I     | Names in Examination Colu | mn, Starting fr | om High Scho      | ool (e.g. Matri | c) Onwards in Chro | onological Order)          |
|   | Examination  |                   |                           |                 | Marks             |                 | Division /         |                            |
| (Matric/O-Level,<br>FA/FSc/A-Level, BA/BSc, |  | Passing<br>Year   | Board / University        | Obtained        | otained Total %ag | %age            | Grade /<br>CGPA    | Major Subjects<br>of Study |
|   | MA/MSc, etc.)  |                   |                           |                 |                   | ,80             | COFA               |                            |
|   |  |                   |                           |                 | 01                |                 |                    |                            |
|   |  |                   |                           |                 |                   |                 |                    |                            |
|   |  |                   |                           |                 |                   |                 |                    |                            |
|   |  |                   |                           |                 |                   |                 |                    |                            |
|   |  |                   |                           |                 |                   |                 |                    |                            |
| 15.   | Professional Expen                                       | rience            |                           |                 |                   |                 |                    |                            |
| Exact Name of Post                          |  | Organization Name | Duration                  |                 |                   | Job Description |                    |                            |
|   |  |                   | N -                       |                 |                   |                 |                    |                            |
|   |  |                   | •                         |                 |                   |                 |                    |                            |
|   |  |                   |                           |                 |                   |                 |                    |                            |
|   |  |                   |                           |                 |                   |                 |                    |                            |
| 16.   | Typing / Shorthan  | d Speed (\        | Where Applicable)         | •               |                   | L               |                    |                            |
|   |  |                   |                           |                 |                   |                 |                    |                            |

## 17. Declaration

| understand | I certify that the information provided by me in this form is true, complete and correct to the best of my knowledge and belief. I<br>understand that any misrepresentation or material omission made on Application Form or other document(s) requested by the<br>Department may result in cancellation of this and future application in department. |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|
| Date:      | Signature:   |  |  |  |  |  |  |  |
| ii)        | Do not send copy of any certificate / degree with application.<br>Partially filled forms shall be rejected.<br>Send applications through registered post to the P.O. Box No. 82, GPO, Quetta.  |  |  |  |  |  |  |  |

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