APPLICATION FORM FOR RECRUITMENT						No.		
Name of Post Applied for:				BPS:				ficial Use)
Name (in capital letters):							(FOI OI	ilciai Osej
Father's / Husband's Name (for female candidate):							Photo	
Day of Birth (dd-mm-yyyy):							(may be fixed with gum)	
CNIC Number:								
Domicile District:							_ Disabled: Yes / No	
Contact Number Residence:								
EDUCATION								
Name of Certificate / Degree		Name of Institute		Name of Board / University			Marks Obtained	Total Marks
					6			
		.6						
PREVIOUS EXPERIEN	ICE							
Name of Post	Organization / Department Name		Government or Private		Duration of Job		Joh Dosswintier	
					From	То	Job Description	
knowledge and belie	f. I unde	provided by me in this rstand that any misrep by the office will res	resentatio	n, con	cealment or	material omi	ssion on this	form or on

Signature:

Dated: _____