## PROJECT MANAGEMENT UNIT BOARD OF REVENUE SINDH

## **PROFORMA**

| Name of the Post          |  |
|---------------------------|--|
| Name                      |  |
| Father's Name             |  |
| CNIC Number               |  |
| Qualification             |  |
| Domicile                  |  |
| Experience in Years       |  |
| Mobile or Landline Number |  |
| E-mail Address            |  |
| Postal Address            |  |
|                           |  |

Signature of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_