

APPLICATION FORM

Passport Size
Photograph

Name of the Post with BPS: _____

Full Name of the Applicant: _____

Father / Husband Name: _____ Date of Birth: _____

Valid CNIC Number: _____ Domicile: _____

Valid Registration Number (PM&DC / PNC / Physiotherapy): _____

Gender: _____

Postal Address: _____

Phone Number: _____

Qualification:

| Sr. No. | Certificate / Degree | Board / University | Passing Year | Grade / Division | Field / Subject |
|---------|----------------------|--------------------|--------------|------------------|-----------------|
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Experience:

| Name of Department | Post | From | To |
|--------------------|------|------|----|
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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: _____