

# CENTRAL ITD LABORATORY, CHAKLALA, RAWALPINDI

APPLICATION FORM FOR THE POST OF: \_\_\_\_\_

BPS: \_\_\_\_\_

## Personal Information

Name:	Father's Name:
Date of Birth:	Age on the Closing Date: of Application
Domicile:	CNIC No:
Present Mailing Address:	Permanent Address:
Mobile No. with Code:	Phone No. with City Code:

## Academic & Technical Qualification

Degree	Board/University	Year of Passing	Marks Obtained	Total Marks	Division	Subjects

## Details of Relevant Experience with Documentary Proof

Sr. No.	Job Title	Name of Employer	From	To	Total Period	Reason for Leaving

This is to certify that the information as provided above is correct to the best of my knowledge and belief.

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

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