

APPLICATION FORM

1. Name: \_\_\_\_\_
2. Father’s Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
4. Gender: \_\_\_\_\_ (M / F)
4. Computerized NIC Number: 

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5. Domicile: \_\_\_\_\_
6. Temporary / Postal Address: \_\_\_\_\_  
\_\_\_\_\_
7. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
8. Contact: Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_
9. Applied for the post: \_\_\_\_\_
10. District applied for:

- ☐ Charsadda
- ☐ Dir Upper
- ☐ Haripur

Qualifications

S. No.	Qualification	Institute	Year of Passing	Marks Obtained

Professional Experience

S. No.	Organization / Department	Duration				Year
		From	To	Total		

Certification and achievements: \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_ Signature of the candidate: \_\_\_\_\_