INITIAL APPLICATION FORM

| Advertisement No: Dated: Name of | | | | | ame of Ne | wspaper: | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------|------------------|-----------------------------------|--------------------|-------------|------------------------------|--|
| POST APPLIED FOR: | | | | | | | | |
| | CNIC Number | | | | - | | | |
| 1 | Name: | 1 1 | | | | | PHOTOGRAPH | |
| | . Name: | | | | | | (Passport Size) | |
| | Father's / Husband's Name: | | | | | | | |
| 3. | Father's / Husband's Occupation: | | | | | | | |
| | Address: | | | | | | | |
| a. | Postal: | | | | | | | |
| | Phone: | | | | | | | |
| b. | Permanent: | | | | | | | |
| | Phone: | | | | | | | |
| c. | E-mail Address: | | | | d. Mobile Number: | | | |
| 5. | Date of Birth: | | | | 6. Marital Status: | | | |
| 7. | Domicile a. City: | | | | b. Province: | | | |
| 8. | Religion: | | | | 9. Sect: | | | |
| 10. Nationality: | | | | 11. Foreign Nationality (if any): | | | | |
| 12. QUALIFICATION: (Complete Educational Record, Matric Onwards) (Tick the completed level) | | | | | | | | |
| | LEVEL | PASSING YEAR | STANDARD ATTAINI | | AINED | | CLIPUE OTC. / | |
| S # | | | MARKS & DIV | % AGE | CGPA | INSTITUTION | SUBJECTS / SPECIALIZATION | |
| а | Matric/O-Level | . 6 | | | | | | |
| b | Intermediate/A-Level, FA/FSc/I.Com | | | | | | | |
| С | DAE/Diploma | | | | | | | |
| d | BA/BSc/B.Com/BBA/BCS/BIT (02 years degree) | | | | | | | |
| е | BSc (Engg)/BE/BS (04 years)/MA/MSc/ MS or equivalent (16 years education) | | | | | | | |
| f | MS/M.Phil (18 years education) | | | | | | | |
| g | Any Other Qualification | | | | | | | |
| 13. EXPERIENCE : Please mention total years of post-qualification experience: years(s) month(s) | | | | | | | | |
| S # | NAME & ADDRESS OF DEPARTMENT POS | | POST | HELD | | PERIOD | PAY PACKAGE | |
| # | | | | | FROM TO | | (WITH SCALE) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| I certify that the statement made and information given by me in this application are true, complete and correct to best of my knowledge and belief. In case, I misrepresent or conceal any fact / information, I may be liable for disqualification. | | | | | | | | |
| Place: Date: | | | | | | | | |
| Candidate's Signature: | | | | | | | | |

NOTE: Candidates who are in service should apply through proper channel.