

REGISTRATION FORM

POST: _____

Name		CNIC Number	
Father's Name		Religion	
Date of Birth		Domicile	
Driving License	HTV <input type="checkbox"/>	LTV <input type="checkbox"/>	Marital Status
Address			
Contact Number			

Academic Qualification

Qualification	Discipline	Obtained Marks	Total Marks	Grade/Div/CGPA	Board / University	Passing Year
Matric						
Intermediate						
Graduation						
Master						
Other						

For Retired Persons Only

Service Number		Arm / Service	
Rank		Trade	
Character Assessed		Medical Category	
Date of Enrollment		Date of Retirement	

Courses / Diplomas

Title	From	To	Institute

Experience

Organization	Designation	From	To

I hereby undertake that the information provided above is complete & correct to the best of my knowledge.

Applicant's Signature: _____

Date: _____