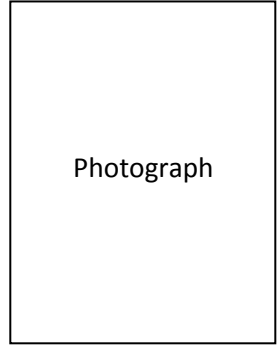


APPLICATION FORM



1. Name of the Post: _____
2. Name of the Applicant: _____
3. Father's Name: _____
4. Date of Birth: _____ 5. CNIC Number: _____
6. Postal Address: _____
7. Permanent Address: _____
8. Phone Number: _____ 9. Mobile Number: _____
10. Domicile: _____
11. Qualification (documents not required): _____
12. Experience (if any) (documents not required): _____
13. In case of in service candidates: _____

Name of the Office	Post Held	From	To

UNDERTAKING:

I confirm that the information given above is correct to the best of my knowledge and belief that any wrong information contained herein shall render me liable to disqualification at any stage.

Date: _____

Signature of the Applicant: _____