Application Form, MTI DI Khan

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Name of Post															BPS	5				
Note: Please fill the form in "BLOCK LETTER" and tick relevant box.																				
1. Name of Applicant																				
2. Father's Name																		•		
3. Date of Birth						Gender					Marital Status					Domicile				
_	_					Male Female				Single Married										
4. Religion																				
Muslim	Non-N	Non-Muslim If Non-Muslim, Please Specify:																		
5. CNIC																				
	_																			
1. Phone Number Mobile Number																				
2. Address											O									
Permanent Address																				
Postal Address																				
3. Education																				
Name of Education	on N	Name of Institut			ution Name of Bo				rd	btained Marks			Total Marks			Divi	sion			
	4																			
			8																	
4. Experience		4																		
Designa			Starting Year					Ending Year												
		Department																		
														+						
															-					
5. I hereby certify the cancellation of my a			iven in tl	his fo	orm is	s abs	olute	ly tru	ie. Any	infor	mati	ion f	ound	false	then	ı I sha	ıll be	liable	e for	
Date								Sign	nature	of An	nlica	nt								