## **BIO-DATA FORM**

| Advertisement Number:       |                  |          |                |                |                    |                  |                   |                |                                |  |
|-----------------------------|------------------|----------|----------------|----------------|--------------------|------------------|-------------------|----------------|--------------------------------|--|
| Post Applied for:           |                  |          |                |                |                    |                  |                   |                | 2 Photographs<br>Passport Size |  |
| A. PERSO                    | NAL DESC         | RIPTION  |                |                |                    |                  |                   |                |                                |  |
| Name:                       |                  |          |                |                | _                  |                  |                   |                |                                |  |
| ather's Name:               |                  |          |                |                |                    | Contact Number:  |                   |                |                                |  |
| Date of Birth:              |                  |          |                |                | CNIC Number:       |                  |                   |                |                                |  |
| Domicile:                   |                  |          |                |                | Reli               | Religion:        |                   |                |                                |  |
| ostal Addr                  | ess:             |          |                |                |                    |                  |                   | 0              |                                |  |
|                             |                  |          |                |                |                    |                  | Me                |                |                                |  |
| 3. QUALIF                   | ICATION          | S        |                |                |                    |                  |                   |                |                                |  |
| pegree / Certificates S     |                  | Subjects | Year<br>Passed | Div. Grade     | Board / University |                  | Marks<br>Obtained | Total<br>Marks | Remarks                        |  |
|                             |                  |          |                |                |                    |                  |                   |                |                                |  |
|                             |                  |          |                |                |                    |                  |                   |                |                                |  |
|                             |                  |          |                |                |                    |                  |                   |                |                                |  |
|                             |                  |          |                |                |                    |                  |                   |                |                                |  |
| C. EXPERI                   | ENCE             |          |                |                |                    |                  |                   |                |                                |  |
|                             |                  |          | No. of         | Years' Experi  | ience              |                  |                   |                | . <u> </u>                     |  |
| S.No. C                     | No. Organization |          | То             | Fr             | om                 | Field of Work    | Position Held     |                | Remarks                        |  |
|                             |                  |          |                |                |                    |                  |                   |                |                                |  |
|                             |                  |          |                |                |                    |                  |                   |                |                                |  |
| Attach docu<br>Ilready serv |                  | -        | es of certif   | ficates / degr | ees / di           | plomas, marks sh | neets, domici     | ile, CNIC, N   | OC (only fo                    |  |
|                             | of Canal:        |          |                |                |                    |                  |                   | Dete           |                                |  |
| Sigr                        | n. of Candid     | date     |                |                |                    |                  |                   | Date           |                                |  |