

INSPECTORATE OF ARMAMENTS

APPLICATION FOR THE POST OF: _____ QUOTA: _____

Please Indicate / Tick Station for Test:

Rawalpindi	Lahore	Karachi	Peshawar	Quetta
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Personal Information:

Name: _____ S/O _____

Date of Birth: _____ Age as on Closing Date: _____

YY	MM	DD

Religion: _____ Domicile: _____ CNIC: _____

Present Postal Address: _____

Mobile No: _____ Bank Deposit Slip No with Date: _____

Academic & Technical Qualification:

Degree / Certificate	Board / University	Year of Passing	Marks Obtained	Total Marks	Division / Grading	Subject

Detail of Relevant Experience with Documents:

Ser	Job Title	Name of Employer	From	To	Total Period	Reason for Leaving

This is to certify that the information mentioned above is correct to the best of my knowledge and belief.

Date: _____

Signature of Applicant: _____