

# Application Form

Post Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Domicile Province: \_\_\_\_\_ District: \_\_\_\_\_

Date of Birth According to CNIC: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Computerized CNIC Number: \_\_\_\_\_

Educational Qualification: \_\_\_\_\_ Year of Passing: \_\_\_\_\_

Experience: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion: \_\_\_\_\_

Disability: (Yes / No) \_\_\_\_\_ Armed Forces: \_\_\_\_\_ Already Govt. Servant: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Mobile Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature of the Applicant: \_\_\_\_\_