APPLICATION FORM

							Computer Number		
Post Applied Fo	r:								
Name:									
Father's Name:							1 x 1.5		
Date of Birth:									
CNIC Number:				-					
Domicile (Distri	ct & Provir	ice):							
							-0		
	inumber								
EDUCATION									
Certificate / Degree			School / Board / University		Year	Total Marks	Marks Obtained	Division	
Matric or Equiv	alent				250				
FA / FSc or Equivalent									
BA / BSc or Equivalent			.0						
MA / MSc or Equivalent									
Other (if any)									
Job Related EXI	PERIENCE (Most Re	cent First)						
Post Emplo		oyer (Name of Department)		m	То	Nature of Work			
			0						
							l		
Total Experienc	e:								
Attachments:			e Photocopies of Educational ates, Domicile, CNIC, Photogra	_		es and Trar	nscripts / Mar	ks Sheets,	
Declaration:	By signing	below, I	acknowledge that the above i	nforma		to the best	of my know	ledge. Any	
	misinform	ation wo	ould disqualify me for the indu	ction.					
		_							
Date of Application						Si	gnature of Ca	ındidate	