

No. F. 2-24/2018-Admn-II
Government of Pakistan
Ministry of Inter Provincial Coordination

APPLICATION FORM

Post Applied for: _____

CNIC Number: _____

Name of Applicant: _____

Date of Birth: _____

Gender: _____

Religion: _____

Province & District (Quota claimed): _____

Mailing Address: _____

Mobile Numbers: _____

E-mail Address, if any: _____

Paste One
Passport Size
Photograph

Declaration: I have read the terms and conditions contained/explained in the advertisement and have no objection and submit this application according to these terms and conditions. Further, I certify that all information provided by me, in this application form is true and correct to the best of my knowledge and belief.

Date: _____

Applicant Signature: _____