GOVERNMENT OF SINDH ENERGY DEPARTMENT

To,

The Electric Inspector to Government of Sindh Sukkur Region, Sukkur.

APPLICATION FORM Photograph Name of Post: Concerned Region: Electric Inspectorate Sukkur Region Name: ___ Father's Name: CNIC Number: Qualification: Experience (if applicable): _____ (Urban / Rural) _____ District of Domicile: Contact Number: _____ Residential Address:

Signature of Candidate: