APPLICATION FORM
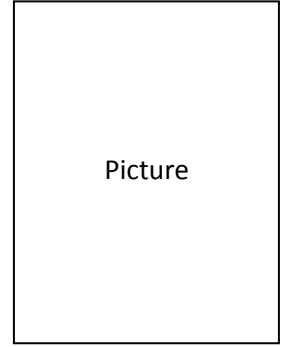
Picture

1. Applied for the Post of: _____

2. Full Name: _____

3. Father's Name: _____

4. Domicile (Province & District): _____

5. CNIC Number: _____   6. Date of Birth: _____
   DD-MM-YY

7. Age upto 31-Dec-2020: Years _____ Months _____ Days _____

8. Mobile Number: _____

9. Postal Order Number: _____

10. Postal Address: _____

_____

11. Qualification / Education:

Degree	Year of Passing	Obtained Marks	Total Marks	Board / University
Matric				
Intermediate				
Bachelor				
Master				
Any Other				

12. Experience Detail:

Department	Designation	From	To

Dated: _____   Applicant Signature: _____