

INSPECTORATE OF ARMAMENTS

Application for the Post of _____ Quota _____ District _____

Please indicate tick for test **Rawalpindi** **Lahore** **Abbottabad**

Personal Information:

Name _____ S/D/O _____

Date of Birth _____ Age as on Closing Date _____ DD _____ MM _____ YY _____

Religion _____ Domicile _____ CNIC _____

Present Postal Address _____

Mobile No. _____ Bank Deposit Slip No. with Date _____

Academic & Technical Qualification:

Degree / Certificate	Board / University	Year of Passing	Marks Obtained	Total Marks	Division / Grading	Subjects

Details of Relevant Experience with Documentary Proof:

Ser	Job Title	Name of Employer	From	To	Total Period	Reason for Leaving

This is to certificate that the information mentioned above is correct to the best of my knowledge and belief.

Date _____

Signature of Applicant _____