

APPLICATION FORM

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Position Applied: _____

Choice of Station: _____
(As per Advertisement)

Name of Applicant: _____

1. Father's Name: _____

2. CNIC No: _____ Date of Birth: _____ Age: _____

3. Postal Address: _____

4. Domicile: _____

5. Contact No. (Line / Mobile): _____

6. E-mail Address: _____

7. Are You Dual / Foreign National: Yes ☐ No ☐

8. Details:

a. Academic Qualification

S#	Degree / Certificates / Courses	Division / Grade / CGPA	Year of Passing	Name of Board / University / Institute

b. Experience / Employment Record

S#	Organization / Employer Name	Job Title	Job Duration		Remarks (if any)
			From	To	

Days Months Years

9. Total Experience as on Closing Date of Applications: _____

Signature of Applicant: _____

Date: _____