|                           | APPLICATION FORM Computer Num  |        |                |            |                | (For Office Use Only)                 |            |  |
|---------------------------|--|--------|----------------|------------|----------------|---------------------------------------|------------|--|
| Post Applied for:         |  |        |                |            | - г            |                                       |            |  |
| Name:                     |  |        |                |            | .              |                                       |            |  |
| Father's Name:            |  |        |                |            |                | Affix a<br>Passport Sized<br>Coloured |            |  |
| Date of Birth:            |  |        |                |            |                | Photogra                              | oh Here    |  |
| CNIC No:                  | -  |        | _              |            |                |                                       |            |  |
| Religion:                 |  |        |                |            |                |                                       |            |  |
| Domicile (District & Prov | vince):  |        |                |            |                |                                       |            |  |
|                           |  |        |                |            |                |                                       |            |  |
|                           |  |        |                |            |                |                                       |            |  |
| EDUCATION                 |  |        | 850            |            |                |                                       |            |  |
| Certificate / Degree      | School / Board / University  | Year   | Total<br>Marks | Ma<br>Obta |                | % of<br>Marks                         | Division   |  |
| Matric or Equivalent      |  |        |                |            |                |                                       |            |  |
| FA/FSc or Equivalent      |  |        |                |            |                |                                       |            |  |
| BA/BSc or Equivalent      | * 0  |        |                |            |                |                                       |            |  |
| DAE (Field:)              | 3.5  |        |                |            |                |                                       |            |  |
| Other (if any)            |  |        |                |            |                |                                       |            |  |
| Job Related EXPERIENC     | E (Most Recent First)  |        |                |            |                |                                       |            |  |
| Post                      | Employer (Name of Dept.)   | From T |                | O          | Nature of Work |                                       |            |  |
|                           |  |        |                |            |                |                                       |            |  |
|                           |  |        |                |            |                |                                       |            |  |
|                           |  |        |                |            |                |                                       |            |  |
| Total Experience:         |  |        |                |            |                |                                       |            |  |
|                           | d / readable photocopies of Education<br>nce Certificates, Domicile, CNIC, Pho | _      |                | es and     | Transo         | cripts / Mar                          | ks Sheets, |  |
|                           | ng below, I acknowledge that the ab  |        |                | e to the   | best o         | of my know                            | ledge. Any |  |

Signature of Candidate:

Date of Application: