

## APPLICATION FORM

Name of the Post: \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ CNIC No. \_\_\_\_\_

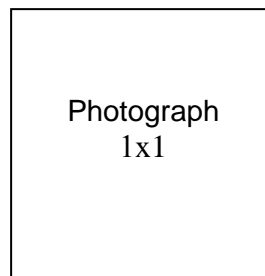
Religion : \_\_\_\_\_ Domicile (District): \_\_\_\_\_

Gender : \_\_\_\_\_ Age: \_\_\_\_\_ (Years / Month / Day)

Present Postal Address: \_\_\_\_\_

Permanent Address : \_\_\_\_\_

E-Mail Address : \_\_\_\_\_ Contact # : \_\_\_\_\_



### **Educational Qualifications:**

Degree/Certificate	Year	University/Board	Div/Grade(GPA)

### **Experience:**

Organization	No of Years	Field of Work	Designation

### **Computer Literacy / skills**

\_\_\_\_\_

\_\_\_\_\_

Certified that the above information is correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

## CHECKLIST

Sr.	Documents Required	Status
1	CNIC	
2	Domicile Certificate	
3	Master Degree	
4	Bachelor Degree	
5	Intermediate Certificate	
6	Matric Certificate	
7	Middle Certificate	
8	Computer Certificate	
9	Experience Certificate	
10	Driving License (LTV)	
11	Age (Calculated)	

Verified and forwarded to Departmental Selection Committee.

Reasons for Rejection:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

d) \_\_\_\_\_

Any other: \_\_\_\_\_

Signatures of Applicant: \_\_\_\_\_

Name of Counter Incharge: \_\_\_\_\_

Signature: \_\_\_\_\_