

APPLICATION FORM

Office Of The District Health Officer, Health Department Islamabad Applying for: Mali (BPS-01)

TAG # (For Official use)

(274)

(2/4)												
Note: Send	on the Add	the Address Mentioned Below					Passport size Recent Photograph Affix with Gum (Latest By 6 months)					
Domisile Diet		Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR					آپ کی تصویر اس خانے					
	Punja	b 🛭 Balochi	1	n ☐ Sindh (U) ☐ Sindh					پ ص ص کے میں ہونا ضروری ہے –			
Domicile Province:	☐ KPK		oad Capital Te	* * * * * * * * * * * * * * * * * * * *								
(Tick only one)		lammu and Kashmii		Gilgit Baltistan		Other						
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1. Personal Information (In Block Letters)												
Name (in Full):		No:						ick Onl	Only One Circle in each Row.			
Father's Name:							Religion: Muslim Non-Muslim				on-Muslim	
CNIC/B-Form:							Are You Disable? Yes No				Yes O No	
Ago:	Date	of Dirth (Day)	Gender					r:	○ Male ○ Female			
Age:	Date () BII (II (D-M-Y)	th (D-M-Y) Marital Status: Armed Force						0 0			
Postal Address:		Deceased Serv							onnel of Armed Forces of Pakistan vant: Yes No			
Deceased Civ							Servant wife, son or daughter					
Phone #:		Cell #:	(Do not give here Network			Government Servant: Yes No Scheduled Cast / Buddhist: Yes No						
				converted mobile Numbers)					Cast /Buddhist: Yes No			
2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)												
Certificate/Degree		Degree Title	Major S		Year of		Marks Tota btained Mark		Grade/ Percentage		Institution Name	
SSC (10 years)												
HSSC / DAE / A-Level (12 / 13 years)												
Bachelor (14 ye	ears)											
Bachelor(Hons)/Master (16 years)												
MS / M.Phil.	18 years)											
PhD												
Other (Diploma	/ Certificate)										-	
3. Employn	nent Infor	mation (If Applicable) (Note: If you ne	ed more rows	to write your	inform	ation, you	u can add	d an additior	nal page	e with Application	
Organization Type		Organization Name		Designation			lob Description		Start Date		End Date	
(Government / Semi Government / Private)		(Name of the Organization / Dept.)		(Your Designation / Position Title)					(Starting Date)		(End Date)	
/ Filvate)					ide)							

4. Undertaking by Applicant Id/s/w ofdo hereby solemnly
affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature at any stage.
Signature & Date: Thumb Impression (Left Hand):
Document Check list:
Tick if Attached / selected:
□ Photograph is Attached
\square CNIC Copy is Attached on the back side of Application Form
<u>Instructions:</u>
ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
In case of more than one apply use separate envelope.
Application must reach OTS office latest by last date of submission of application form. Attack your recent photograph (Latest by 6 Months), CNIC copy, with this application form.
 Attach your recent photograph (Latest by 6 Months), CNIC copy, with this application form. Without Signature & Thumb impression, your application form will not be entertained.
Without photograph your application form will not be entertained.
 In-complete forms will not be entertained. (All the fields are mandatory / Required)
In Person/By hand submission of Application form is not allowed. Makilla allowed and the substantial and attack and the fact that the substantial and the substa
Mobile phones or other electronic gadgets are not allowed in test center premises.
Cut Address box given below and affix it with gum on the envelope.
Send Registration Form to:
District Health Office Block No 14-I 1st Floor, F-8 Markaz Islamabad