

APPLICATION FORM

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

TAG # (For Official use)

(274)

Note: Send this Application Form on the Address Mentioned Below Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR								Passport size Recent Photograph Affix with Gum (Latest By 6 months)	
Domicile District: APPLICATION FORM CAREFULLY.								آپ کی تصویر اس خانے میں ہونا ضروری ہے	
Domicile		· · · · · · · · · · · · · · · · · · ·					روری ہے	میں ہوت ط	
Province:			tal Territory						
(Tick only one)									
Name (in Full): Father's Name: CNIC/B-Form: Date of Birth (D-M-Y) Marital Status: Phone #: Cell #: Converted mobile Numbers) Note: Tick Only One Circle in each Row. Religion: Muslim Non-Muslim Are You Disable? Yes No Gender: Male Female Armed Forces: Yes No Only for personnel of Armed Forces of Pakistan Deceased Servant: Yes No Deceased Civil Servant wife, son or daughter Government Servant: Yes No Scheduled Cast /Buddhist: Yes No									
2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)									
Certificate/Degree	Degree Title	Degree Title Major Subjects		Year of Passing	Mai Obta	_	otal larks	Grade/ Percentage	Institution Name
SSC (10 years)									
HSSC / DAE / A-Level (12 / 13 years)									
Bachelor (14 years)									
Bachelor(Hons)/Master (16 years)									
MS / M.Phil. (18 years)									
PhD									
Other (Diploma / Certificate)									
3. Employment Information (If Applicable) (Note: If you need more rows to write your information, you can add an additional page with Application Form.)									
Organization Type Organization Name (Government / Semi Government (Name of the Organization / I						Job Description		Start Date (Starting Date)	End Date (End Date)
/ Private) (Name of the Organiz		tion / Dept.) (Your Desi		Title)				(Starting Date)	(Liid Date)

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