

APPLICATION FORM

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

TAG # (For Official use)

(274)

(274)								
							Dansaranta	sizo Poport
Note: Send this Application Form on the Address Mentioned Below						Passport size Recent Photograph Affix with		
Note. Send this Application Form on the Address Mentioned Below							Gum (Latest By 6	
						months)		
Domicile District:	• • • • • •				lote: ALL DATA FIELDS ARE REQUIRED. FILL YOUR PPLICATION FORM CAREFULLY.			
Domicile							میں ہونا ض	
Province:	<u> </u>	• • • • • • • • • • • • • • • • • • • •						
(Tick only one)	ammu and Kashmir		Gilgit Bal	tistan 🗆	Other			
1. Personal Informat	ion (In Block Letters)							
Name (in Full):							ly One Circle in each Row.	
Father's Name:							Muslim Non-Muslim	
CNIC/B-Form:	Are You Disable Gender:						Yes No Male Female	
Age: Date of	of Birth (D-M-Y) Marital Status: Armed Forces:							
Postal Address: Only for personnel of Armed Forces of Pakistan Deceased Servant: Yes No							_	
						Servant wife, son or daughter		
Phone #:	Cell #: Government So							
	converted mobile Numbers) Scheduled Cast /Buddhist: Yes						res O NO	
		(Note: In case of incomplete academic information, Your Application will be Declined.) Degree Title Major Subjects Year of Marks Total Grade/ Institution						
Certificate/Degree	Degree Title	Major Su	ibjects			Marks	Grade/ Percentage	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			Desig	Job Descript	tion	Start Date	End Date	
(Government / Semi Government / Private) (Name of the Organization / Dept.)		on / Dept.)	(Your Designa Ti			(Starting Date)	(End 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