

APPLICATION FORM

Post Applied For

:- _____

Picture

1. Name of Applicant _____
2. Father's Name _____
3. CNIC No. _____ 4. Date of Birth _____
5. Gender (Male/ Female) _____ 6. Religion _____
7. Postal Address _____

8. Domicile _____ District _____

9. Driving License Type: (a) Motor Car (b) LTV (c) HTV

(Please attach copy of valid driving license with application)

10. License No. _____ Expiry Date _____

1. Contact No. (Line/mobile) _____

2. Details:-

a. Academic Qualification:-

S. No.	Degree/ Certificate	Class / Division	Year of Passing	University/ Board
1.				
2.				
3.				

b. Experience:-

S. No.	Name of Organization	Designation	Duration	Regular/ Temporary
1.				
2.				
3.				

I, _____ S/o, D/o _____ hereby undertake that the information are correct to the best of my knowledge.

Signature of Applicant _____

Date _____