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Name :																				
Father's Name:																				
CNIC No.							-											-		
Date of Birth:	d	d	m	m	У	У	()	/	У	Age	e (on	closi	ng d	ate):	:	d	d r	n m	У	У
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Are you Gov	t Ser	Yes	5	N	lo															
Are you retire	ed fro	m Pa	kista	ın Ar	meo	d Fo	orceî	?								Yes		No		
Postal Addre	ss:																			
Permanent A	ddres	S:																		

2. Educational Details

Certificate/ Degree Name	Passing Years	Major Subjects	Division	Marks Obtained	Total Marks	Board/University
Literate						
Primary						
Middle						
Matric						
intermediate						
Bachelor/ Master						
Diploma						
Others						

3. Pervious Employment Records

Ser	Organization/Department Name	Job Title	Duration			
			From	То		
1.						
2.						
3.						

4. Declaration

I______ hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect I shall be responsible for the consequences.

Date _____

Signature_____

5. Instructions:

- Fill the application form properly with complete and correct information.
- Do not leave any field blank, otherwise your application shall be rejected.
- Verification of application, only eligible candidates for written Test/Interview will be uploaded on website within 15 days after applications closing date. Please ensure checking website daily.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- By hand submission of application form is not allowed.
- Application should reach AFIC/NIHD last date of submission of Application form.
- AFIC/NIHD will not be responsible for late receiving of application.

6. Please Send Application Forms to:

HR Office AFIC/NIHD The Mall Sadar Rawalpindi Pho.051-9271002 Extension (3189)