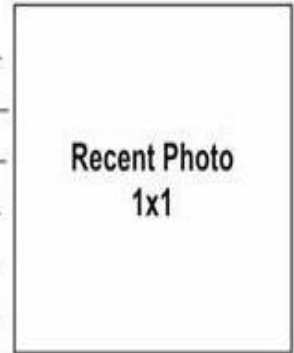


# APPLICANT INFORMATION FORM

(FILL THE FOLLOWING IN BLOCK LETTERS)

Post Applied for: \_\_\_\_\_  
Applicants Name: \_\_\_\_\_  
F/H's Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ D.O.B \_\_\_\_\_  
Gender: \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ CNIC: \_\_\_\_\_ Domicile: \_\_\_\_\_



## ACADEMIC QUALIFICATION

Qualification	Major	Board/University	Marks			Division/Grade/CGPA	Passing Year
			Obtained	Total	% age		

## WORKING EXPERIENCE

Organization	Designation	Field of Work	Duration (in years & months)

## DIPLOMAS / COURSES / CERTIFICATES

Name of Course/Diploma/Certificates	Institution	Year	Duration

I hereby declare that all information given in this form is true to the best of my knowledge and belief, I understand that any misrepresentation or material omission made on application form or other document (s) requested by the Department may result in my disqualification for the test/interview, or disciplinary action if employed.

\_\_\_\_\_  
Applicant's Signature