

APPLICATION FORM



1. Name of Post applied for: _____

(use separate form for each post)

2. Name: _____

3. Father's Name: _____

4. CNIC No: _____

5. Date of Birth: _____

6. Domicile: (a) District: _____ (b) Province: _____

7. Telephone/ Cell No: _____

8. Email address (if any): _____

9. Address: _____

(a) Permanent: _____

(b) Postal: _____

10. Educational Qualification: (In Descending order and additional rows may be added if required)

Sr #	Year of Passing	Name of Degree / Certificate	Name of Board / University	Marks obtained / Total Marks	Division/Grade
1					
2					
3					
4					

11. Experience (if any):

Name of Post	Organization / Department	Job Description	Duration	
			From	To

12. For candidates already in Government Service (if applicable):

a. Name of present post and BPS:

b. Name of Office:

13. Driving License (for the post of Driver):

a) License No: ----- b) License Category: -----

c) Date/ place of issue: ----- d) Expiry date: -----

DECLARATION: I hereby declare that all information's, provided by me, in this Application Form are true and correct to the best of my knowledge and belief. I understand that in case of deliberate concealment of facts, false or forged information, the employer reserves the right to cancel my candidature / appointment/ employment at any stage (even after employment, if so revealed later) besides any other action as per the laws, rules and regulations of the Government.