



PROJECT MANAGEMENT UNIT
SOUTHERN AREA DEVELOPMENT PROJECT

Banglow No. 03, Near ST. Helen's School Qasim Road, D. I. Khan Cantt
Ph: # 0966-731990, Fax: # 0966-730990

APPLICATION FORM

Post Applied for:							
PERSONAL INFORMATION							
Name:							
Father Name:							
CNIC No.				Languages:			
Date of Birth:				Contact No.			
Domicile:				Email ID:			
Mailing Address:							
ACADEMIC RECORD							
Sr. No.	Certificate/Degree	Passing Year	%age/ CGPA	Division/ Grade		Institute	
EXPERIENCE							
Sr. No	Job Title	Field of Work	Organization	Period		Duration	
				From	To	Years	Months
	Total Relevant Experience						
PROFESSIONAL TRAININGS							
Sr. No	Trainings	Period		Institute			
		From	To				
COMPUTER SKILLS							
UNDERTAKING BY THE APPLICANT							
<p>I hereby declare that all the entries in this proforma and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand that any misrepresentation of the facts in it shall result in the rejection of my application, and if an appointment has been accepted, dismissal from the service.</p> <p>Date:_____ Signature of Candidate:_____</p>							
INSTRUCTIONS							
<p>Please fill each row and column in this proforma very carefully and no column be left blank.</p> <p>If a row or a column is not relevant, write "Not Applicable" or "NA".</p>							