## CABINET DIVISION (MAIN) ISLAMABAD

## **APPLICATION FORM**

Picture 1 x 1

amo	e of Post & BPS applied for:	
	Name:(WRITE IN CAPITAL LETTERS)	
	Father's Name	
	Date of Birth	
	CNIC No.	-
	Province / District of Domicile(copy of domicile must be attached)	
	Test Center: 1) Islamabad (2) Karachi (Marked $\sqrt{}$ to one test center where you want to appear in the test center	
	Postal Address (for communication):	

	Passing Year	Schoo	ol / Board / Univers	ity		Marks	
		<del></del>					
	Designation	Grade	Govt./Semi Govt./Private	Start Dat		Ending Date	Tota year
Organization /	Designation	Grade					
Organization /	Designation	Grade					
Organization /	Designation	Grade					
Organization / Department			Govt./Private	Dat	e	Date	yea
Organization / Department	Designation  Office_		Govt./Private	Dat	e	Date	yea
Contact No: Contac		Res.	n this application ar	_ Mobile	mplete	Date  and correct	yea
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