

Academic Information: (Please attach copies of your academic certificates)

Certificate/ Degree Level	Degree Title	Major Subjects	Passing Year	Obtained Marks (CGPA)	Total Marks	Grade/ Division	Board/University
Middle Standard							
SSC (Matric)							
Intermediate							
Bachelor (14 Y)							
Master (16 Y)							
M. Phil (18 Y)							

Work Experience if any (Please attach copies of your experience certificates)

Sr #	Organization/ Department	Job Title	Major Duties	Job Duration Write only Month & Year	
				From	To
01.					
02.					
03.					

Undertaking by the Applicant:

I _____ S/D/W of _____ do hereby solemnly declare and affirm that I have read and understood the instructions for applying (**Govt. Printing Press & Stationary Department, KP**) and I have filled-up the application form as per instructions accordingly. In case of any information contained herein is found at any stage to be missing, incomplete, untrue, false or forged, my candidature can be cancelled at any stage (even after employment, if so, revealed later), I shall be liable to face legal actions.

نوٹ: درخواست دہندہ گان روزانہ کی بنیاد پر دی ایگزامینر کی ویب سائٹ وزٹ کرتے رہیں تاکہ ہر نئے آنے والے خبر سے باخبر رہیں۔ ٹسٹ کے متعلق تمام معلومات ویب سائٹ پر موجود رہی گی۔

PICTURE 2

Paste your recent
passport size color
photograph

Date: _____ Thumb Impression _____ Candidate Signature _____

GENERAL INSTRUCTIONS / INFORMATION:

- Incomplete / late received / application forms will be straight away rejected.
- Attach your Two recent passport size photograph, Attested copies of CNIC, Academic Certificates, Domicile Certificate, and original bank deposit slip (**THE EXAMINER Copy**)
- By hand submission of Application Form is not allowed
- Please send this Application Form to "**PO BOX # 50, PESHAWAR CANTT, PESHAWAR (25000)**"

نوٹ: درخواست دہندہ گان ٹسٹ فیس ایزی پیسہ ایپ یا جاز کیش ایپ سے بھی "دی ایگزامینر" کے فیصل بینک اکاؤنٹ نمبر **3093301900229565** میں جمع کر سکتے ہیں۔ ایزی پیسہ یا جاز کیش کی رسید درخواست کے ساتھ لف ہونا ضروری ہے۔



PO BOX # 50, PESHAWAR CANTT



+92 303 9376937
(09am - 05pm)



Theexaminer2018@gmail.com
info@examiner.org.pk
www.examiner.org.pk

نوٹ: درخواست دہندہ گان ٹسٹ فیس ایزی پیسہ ایپ یا جاز کیش ایپ سے بھی "دی اگزامینر" کے فیصل بینک اکاؤنٹ نمبر 3093301900229565 میں جمع کرا سکتے ہیں۔ ایزی پیسہ یا جاز کیش کی رسید درخواست کے ساتھ لف ہونا ضروری ہے۔

THE EXAMINER COPY (FEE DEPOSIT SLIP) Govt. Printing & Stationary Deptt. KPK														
 Maximus, Marvellous, Maneuver	 faysabank													
A/C TITLE: THE EXAMINER TESTING & EVALUATION SERVICES A/C # 3093301900229565														
Dated:														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Applicant Name: _____														
Father Name: _____														
Contact No. _____														
CNIC No or Form B #:														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Post applied for:														
<p>Note: Bank is requested not to entertain deposit without CNIC & contact number</p>														
S.No	ACCOUNT TITLE	AMOUNT												
1.	TEST FEE + TAXES/BANK CHARGES	RS 280/-												
Candidate Signature		Bank Stamp & Signature												

APPLICANT COPY (FEE DEPOSIT SLIP) Govt. Printing & Stationary Deptt. KPK														
 Maximus, Marvellous, Maneuver	 faysabank													
A/C TITLE: THE EXAMINER TESTING & EVALUATION SERVICES A/C # 3093301900229565														
Dated:														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Applicant Name: _____														
Father Name: _____														
Contact No. _____														
CNIC No or Form B #:														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Post applied for:														
<p>Note: Bank is requested not to entertain deposit without CNIC & contact number</p>														
S.No	ACCOUNT TITLE	AMOUNT												
1.	TEST FEE + TAXES/BANK CHARGES	RS 280/-												
Candidate Signature		Bank Stamp & Signature												

BANK COPY (FEE DEPOSIT SLIP) Govt. Printing & Stationary Deptt. KPK														
 Maximus, Marvellous, Maneuver	 faysabank													
A/C TITLE: THE EXAMINER TESTING & EVALUATION SERVICES A/C # 3093301900229565														
Dated:														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Applicant Name: _____														
Father Name: _____														
Contact No. _____														
CNIC No or Form B #:														
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
Post applied for:														
<p>Note: Bank is requested not to entertain deposit without CNIC & contact number</p>														
S.No	ACCOUNT TITLE	AMOUNT												
1.	TEST FEE + TAXES/BANK CHARGES	RS 280/-												
Candidate Signature		Bank Stamp & Signature												

Candidates can also submit their test fee through **EASYPAYSA APP & JAZZ CASH APP** or any other online source in **THE EXAMINER A/C # 3093301900229565**