

APPLICATION FORM

PASTE PHOTO

	Post Applied for (Tick only one box)														
Subje	ect Spec	ialist s	Subject:_				Coo	rdinator	Dis	trict:			Chie	f Super	/isor
Exar	n Contro	oller		Invigilat	or		Monitoring Officer Office Manager Assistant Director (Admin)				ector				
Assis	stant Dire (IT)	ector	Со	mputer O	perator	Da	ata Entry	/ Operato	or	Phys Su _l	sical Test pervisor		Secur	ity Supe	ervisor
	PERSONAL INFORMATION														
1. FULL NAME													A	В	С
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2. FATHER NAME													Х	Y	Z
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3. GENDER 5. CNIC	MALE	FEMA	ALE	4. DATE	OF BIRTH	d	d	•	m	m	•	У	У	У	У
NUMBER						-								-	
6. CNIC NUMBER Re-enter						-								-	
7. MOBILE NUMBER	(+:	92)	0	3			-								
8. E-MAIL ADDRESS															
9 . PERMANENT ADDRESS															
CURRENT ADDRESS															
10. DOMICILE PROVINCE			Pr	ovin	ice							Dist	rict		
11. RELIGIO	ON	MUSLIN	1		NON M	USLIM		12. D	ISABLITY			YES		NO	
13. CURRENT	OCCUPAT	TION													
	ACADEMIC QUALIFICATION														
/Degree Level	De	gree or (Certifica	te Title	Yea	r Passing		d Marks / SPA	Total M CG	larks / iPA	%age	Division	Institute	/Board/U	niversity
SSC / Matric O-Level															
HSSC / DAE / A-Level															
Bachelors															
Masters (16+ years)															
M-Phil/MS															
Ph.D.															
Other Certificate/ Diploma															



GENERAL II	NSTRUCTIONS
GENERAL INSTRUCTIONS FOR APPLICATION FORM TESTING	CHECK LIST I have signed my application form. I have provided all the information required.
Please fill this form as per instructions give below:	I have attached the copy of my NADRA CNIC.
 Application form received after due date will not be considered. Candidates must attach clear photocopy of their CNIC (NADRA). Candidate should bring their original testimonials at the time of interview. No TA / DA would be admissible for test/interview. In case of any bogus/ false information or criminal record, selection shall some properties of the propertie	raged to apply.
UNDERTAKING E	BY THE CANDIDATE
By signing below and submitting this Form, I	onceal, missing, untrue, false or forged, oloyment, if so revealed later), and I shall as Service Provider only so NES will
Applicant's Signature	Date:
www.nes.org.pk 091-5700058 info@nes.org.pk	BY POST MAIL To, Noble Evaluation Services Head Office B-1 2nd Floor, Azam Tower, University Road, Peshawar.



Challan No:

Noble Evaluation Services (Private) Limited A/C Title:

A/C No. 1307687571008824

Date:

Bank for Life

Challan No

Noble Evaluation Services (Private) Limited A/C Title:

Date:

A/C No. 1307687571008824

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Noble Evaluation Services (Private) Limited A/C Title:

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Noble Evaluation Services

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Name:		
Applicant's Name:		
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Applicant's Name:

CNIC Number:

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Applicant's Name:

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Total (in Figures):	

Three hundred and fifty only. Total (in Words):

Three hundred and fifty only.

350/-

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Post applied for:

Total (in Words):

Three hundred and fifty only.

350/-

Total (in Figures):

Total (in Words):

Post applied for:

Bank's terms and conditions will be applied

Bank's terms and conditions will be applied

Bank's terms and conditions will be applied

Bank Authorized Signature with Stamp

Depositor's Signature

Bank Authorized Signature with Stamp

Depositor's Signature

Bank Copy

Depositor's Signature

Bank Authorized Signature with Stamp

NES Copy

Applicant Copy