APPLICATION FORM

Post Code: _____

Name of the Post: _____

Name: _____

Father's Name : _____
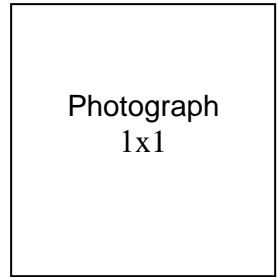
Date of Birth : _____ CNIC No. _____

Religion : _____ Domicile (District): _____

Gender : _____ Age: _____ (Years / Month / Day)

Present Postal Address: _____

Permanent Address : _____

E-Mail Address : _____ Contact # : _____

Educational Qualifications:

Degree/Certificate	Year	University/Board	Div/Grade(GPA)

Experience:

Organization	No of Years	Field of Work	Designation

Computer Literacy / skills

_____

_____

Certified that the above information is correct.

Date:_____

_____
Signature of applicant

CHECKLIST

Sr.	Documents Required	Status
1	CNIC	
2	Domicile Certificate	
3	Master Degree	
4	Bachelor Degree	
5	Intermediate Certificate	
6	Matric Certificate	
7	Middle Certificate	
8	Computer Certificate	
9	Experience Certificate	
10	Driving License (LTV)	
11	Age (Calculated)	

Verified and forwarded to Departmental Selection Committee.

Reasons for Rejection:

a)_____

b)_____

c)_____

d)_____

Any other:_____

Signatures of Applicant:_____   Name of Counter Incharge:_____

Signature:_____