



WAFaqI MOHTASIB (OMBUDSMAN)'S SECRETARIAT
APPLICATION FORM
**(for the candidates having Balochistan Domicile/
Local Certificate)**

Paste a fresh
photograph

POST APPLIED FOR: _____

(Please submit separate application forms in case of more than one Post)

1. Name of Applicant (in Block Letters) _____
2. Father's Name (in Block Letters) _____
3. Present postal Address _____

4. District of Domicile: _____ Province _____
5. Gender tick (✓) the relevant (a) Male (b) Female
6. Date of Birth as per Matric / School Certificate _____ Age: _____
7. Marital Status _____
8. Religion _____
9. CNIC No. _____
10. Contact/ Telephone No. _____

11. Academic Qualification :-

Certificate /Degree	Year of passing	Board/ University	Division/ Grade	Marks Obtained
Matric				
Intermediate				
Bachelor				
Others				

12. Experience (If any):-

Designation with BS	Name of Organization	Duration	
		From	To

Dated _____

Signature of Applicant _____