

HIGH COURT OF BALOCHISTAN, QUETTA.

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APPLICATION FORM

For office use only

No.

1. POST APPLIED FOR _____
2. Name: _____
3. Computerized N.I.C.No. (Attach attested copy)

4. Date of Birth (As per Matriculation Certificate)

Day	Month	Year

5. Date of Birth (As per CNIC)

Day	Month	Year

6. Sex ☐ Male ☐ Female

7. Father’s name _____

8. Husband’s name (in case of married ladies)

9. (a) Local ☐ Domicile ☐ (Attach attested copy)
(b) District _____ (c) Division/Zone. _____

10. Permanent address: House No. _____ Street No. _____ Area _____
Town/City/Village _____ District _____
Police Station _____

11. Present address (if different from above) House No. _____ Street No. _____
Area _____ Town/City/Village _____
District _____ Police Station _____

12. Office address _____

13. Phone (Office) _____ Phone (Home) _____
Phone (Mobile) _____

14. Email address _____

15. (a) Are you overage☐ /underage ☐ (Tick the relevant)
(b) Overage/underage by Day(s) Month(s) Year(s)
(in case the applicant is seeking age relaxation, he should submit a separate application for age relaxation which will be considered in accordance with rules)

16 Marital status _____ 17. Number of children _____

18. N.T.N. No.(if any)_____

19. Language(s) spoken _____

20. Language(s) written _____

21. Is any criminal case pending against you, if so, provide details:

22. Have you ever been convicted of a criminal offence (excluding minor traffic offences), if so, provide details:

Note: All entries are to be made by ink-pen in block letter or typed.

I, _____, s/o d/o w/o _____
do hereby solemnly declare on oath that the information provided by me in this application form and the attachment is correct to the best of my knowledge and belief. In case of any wrong information or concealment, besides disqualification, disciplinary action may also be taken under the rules.

Date:- _____

Signature of the Applicant

HIGH COURT OF BALOCHISTAN
ACADEMIC & PROFESSIONAL QUALIFICATIONS
(Attach attested copies)

S.No.	Name of Examination / Degree	Name of Institution	Name of Board / University	Marks Obtained/Total	Grade / Division
1.	Matriculation/Equivalent				
2.	Intermediate /Equivalent				
3.	B.A./B.Sc.				
4.	LL.B.				
5.	Other qualification				

S.No.	Licence as an Advocate	Place of Issue	Date	No.
1.	Lower Courts			
2.	High Court			
3.	Supreme Court			

Signature of the Applicant

Date: _____