KISSAN SUPPORT SERVICES PRIVATE LTD.



Paste/Staple recent photograph

Α

subsidiary of ZTBL

APPLICATION FORM FOR THE POST OF SECURITY GUARD

| NOTE: Please read the entire form carefully before filling it. | | | | | |
|--|----------------------------|---------------------------------|--------------|-----------------|-------------------|
| Full Name: | | | | | |
| Father Name: | | | | | |
| Occupation of Father: | | | | | |
| Date of Birth: / / | Age | Height | Weight | Marital Status: | No. of Children: |
| (Day) (Month) (Year) | | | | | |
| NADRA Computerized NIC No.: | | 1 | | | |
| Nationality: | | Domicile: (Province) (District) | | | |
| Postal Address: | | | | | |
| | | | | | |
| Permanent Address: | | | | | |
| Mobile No. | nail: PTCL with area code: | | | | |
| DETAIL EDUCATIONAL QUALIFICATIONS | | | | | |
| Certificate/Degree | Name of Institute | | Passing Year | Marks (%) | Position (If Any) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ANY OTHER | | | | | |
| DETAIL OF EXPERIENCE (IN DESCENDING ORDER) | | | | | |
| Company / Organiztion | | Designation | | Employment Date | Relieving Date |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| History of any chronic/pre-treated illness/ Medical Category:- | | | | | |
| | | | | | |
| | | | | | |
| Date:// | | | | | |
| | | | | SIGNA | TURE OF APPLICANT |

Note:- For any other detailed information separate sheets may be attached.