

APPLICATION FORM

FEDERAL BOARD OF REVENUE, REVENUE DIVISION GOVERNMENT OF PAKISTAN

Directorate General Of Post Clearance Audit, Islamabad/Lahore/Karachi

Applying for: Mali (BPS-01)

TAG # (For Official Use)

(238)

230)								
Note: Send this Ann	lication Form	on the Ad	ldress M	entioned	Below		David	nout ois -
Note: Send this Application Form on the Address Mentioned Below							Passport size	
								Photograph
							Affix v	with Gum
Domicile District:	Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.					آپ کی تصویر اہ میں ہونا ضرور		
Domicile							2,55	3, 5.
Province:								
1. Personal Informati	ion (In Block Letters)						o e: l :	
Name (in Full): Note: Tick Only On Polition: Only								on-Muslim
Father's Name: Religion: Name: Are You Disable?							Yes \(\) No	
CNIC/B-Form: Gender:							Female	
Armed Forces:						○ Yes ○ No		
						el of Armed Forces of Pakistan		
Postal Address: Deceased Servant: Deceased Civil Serv						t: Yes No rvant wife, son or daughter		
Fostal Address. ———————————————————————————————————								
(Do not give here Network with Two Years						rs Continuous Experience		
Phone #: Cell #: converted mobile Numbers) Scheduled Cast /Buc							Buddhist: (Yes \ \ \ \ No
2. Academic Information	tion (Note: In case of in	complete acad	emic informati	on Vour Applica	tion will be Dec	lined \		
Certificate/Degree	Degree Title		Subjects	Year of Passing	Marks Total Obtained Marks		Grade/ Percentage	Institution Name
SSC (10 years)								
HSSC / DAE / A-Level (12 / 13 years)								
Bachelor (14 years)								
Bachelor (H) / Master (16 years)								
MS / M.Phil. (18 years)								
PhD								
Other (Diploma / Certificate)								
3. Employment Information (If Applicable) (Note: If you need more rows to write your information, you can add an additional page with Application Form.)								
Organization Type	•		Designation		Job Descri	otion	Start Date	End Date
(Government / Semi Government / Private)	Government / Semi Government (Name of the Organization / Dept.)		(Your Designation / Position Title)				(Starting Date)	(End Date)
/ Filvale)				iue)				

4. Undertaking by Applicant Ido hereby solemnly
affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature &test.
Signature & Date: Thumb Impression (Left Hand):
Instructions:
Application must reach before last date of submission of application form.
Attach your recent photograph, CNIC copy with this application form.
Without Signature & Thumb impression, your application form will not be entertained.
 Without photograph your application form will not be entertained. In-complete forms will not be entertained. (All the fields are mandatory / required).
 By hand submission of Application form is not allowed.
Document Check list:
Tick if the following documents are attached
□ Photograph.
□ CNIC Copy
Cut Address box given below and affix it with gum on the envelope.
Division of the control of Post Classica Anality
Directorate General Of Post Clearance Audit,
Islamabad/Lahore/Karachi