

APPLICATION FORM

Government of Pakistan

TAG # (For Official use)

(265)

AHK National Centre for Rural Development, Islamabad Applying for: Gardener (Mali) (BS-01)

Send Filled in Application form on the address mentioned below										Passport size Recent Photograph Affix with		
Note: ALL DATA FIELDS ARE REQUIRED. FILL YOU APPLICATION FORM CAREFULLY.						FILL YOUR		Gum (Latest By 6 months)				
	□ Punja	b	☐ Balochist	an 🗆	n 🗆 Sindh (U) 🗆 Sindh			n (R)		اس خان	آن کی تحدید	
Domicile Province:	□ крк	☐ Islamaba		d Capital	Territory		FATA				آپ کی تصویر میں ہونا ضرو	
(Tick only one)	☐ Azad .	Azad Jammu and Kashmir			☐ Gilgit Ba		ıltistan 🗆 C					
1. Persona	l Informat	ion (In Block Letters)						•			
Name (in Full):	:									ly One Circle in each Row.		
Father's Name:	: 	Religion:						<u> </u>	Muslim Non-Muslim			
CNIC/B-Form:			Are You Dis						Disable?			
Age: Date of Birth (D-M-Y) Mi					Marital Sta	Gender: Marital Status: Armed Force				Male Female		
			, ,	Affication						rces: Yes No personnel of Armed Forces of Pakistan		
Postal Address	:								eceased Servant: Yes No eceased Civil Servant wife, son or daughter			
								Governm			Yes No	
Phone #:	none #: Cell #: (Do not give here Network							Jes Jies				
	converted mobile Numbers) Scheduled Ca							d Cast /I	Buddhist: (Yes \ \ \ \ No		
			(Note: In case of inc			on, Your Ap Year of			lined.) Total	Grade/	Institution	
Certificate	/ Degree	יע	egree Title	Мајог	Subjects	Passing	-	_	Marks	Percentage	Name	
Primary												
SSC (10 years)												
HSSC / DAE / (12 / 13 years)	A-Level											
Bachelor (14 y	ears)											
Bachelor(Hor (16 years)	ns)/Master											
MS / M.Phil. (18 years)											
PhD												
Other (Diploma	/ Certificate)											
3. Employr	nent Infor	mati	ON (If Applicable) (Note: If you	need more rows	to write you	ur inform	nation, you c	an add a	n additional pag	e with Application	
Organization Type			Organization Name			Designation				Start Date	End Date	
(Government / Semi Government / Private)		(Name of the Organization / D		tion / Dept.)					(Starting Date)	(End Date)	
					•							

4. Undertaking by Applicant Id/s/w ofdo 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 at any stage.
Signature & Date:
Document Check list:
Tick if Attached / selected:
□ Photograph is Attached
☐ CNIC Copy is Attached on the back side of Application Form
Instructions:
ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
In case of more than one apply use separate envelope.
 Application must reach AHK-NCRD office latest by last date of submission of application form.
AHK-NCRD will not be responsible for late receiving of application through courier / Pakistan post etc.
Attach your recent photograph (Latest by 6 Months), CNIC copy. Without Signature 8. Thumb impression, your application form will not be entertained.
 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)
In Person/By hand submission of Application form is not allowed.
 Mobile phones or other electronic gadgets are not allowed in test center premises.
Cut Address box given below and affix it with gum on the envelope.
×
Send Registration Form to:
Deputy Director (HR) AHK National Center for Rural Development Park
Road Chak Shahzad, Islamabad