

APPLICATION FORM

Establishment of Seed Certification Laboratory in

Khuzdar and Turbat

Applying for: Chowkidar (PPS-1)

TAG # (For Official use)

(364)

Note: Test Center in the desired city will be arranged for minimum of 200 applicants. Once selected a test center cannot be changed.

Test City: <i>(Tick only one)</i>	<input type="checkbox"/> Islamabad	<input type="checkbox"/> Lahore	<input type="checkbox"/> Multan	<input type="checkbox"/> Karachi
	<input type="checkbox"/> Quetta	<input type="checkbox"/> Peshawar	<input type="checkbox"/> D.I. Khan	<input type="checkbox"/> Hyderabad
	<input type="checkbox"/> Sahiwal	<input type="checkbox"/> Abbottabad	<input type="checkbox"/> Gujranwala	<input type="checkbox"/> Muzaffarabad
	<input type="checkbox"/> Gilgit	<input type="checkbox"/> Sargodha	<input type="checkbox"/> Sukkur	<input type="checkbox"/> Faisalabad
Domicile District:		Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.		
Domicile Province: <i>(Tick only one)</i>	<input type="checkbox"/> Punjab	<input type="checkbox"/> Balochistan	<input type="checkbox"/> Sindh (U)	<input type="checkbox"/> Sindh (R)
	<input type="checkbox"/> KPK	<input type="checkbox"/> Islamabad Capital Territory	<input type="checkbox"/> FATA	
	<input type="checkbox"/> Azad Jammu and Kashmir	<input type="checkbox"/> Gilgit Baltistan	<input type="checkbox"/> Other	

Passport size Recent
Photograph Affix with
Gum (Latest By 6
months)

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1. Personal Information *(In Block Letters)*

Name (in Full): _____

Father's Name: _____

CNIC/B-Form:

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Age: _____ Date of Birth (D-M-Y) Marital Status: _____

Postal Address: _____

Email #: _____ Cell #: _____

Note: Tick Only One Circle in each Row.

Religion: Muslim Non-Muslim

Any Disability (If Yes Please Specify) Yes No

Gender: Male Female

Armed Forces: Yes No

Only for personnel of Armed Forces of Pakistan

Deceased Servant: Yes No

Deceased Civil Servant wife, son or daughter

Government Servant: Yes No

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)

Certificate/Degree	Degree Title	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Grade/Percentage	Institution Name
Primary							
SSC (10 years)							
HSSC / DAE / A-Level (12 / 13 years)							
Bachelor (14 years)							
Bachelor (Hons) / Master (16 years)							
MS / M.Phil. (18 years)							
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	Organization Name	Designation	Job Description	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organization / Dept.)	(Your Designation / Position Title)		(Starting Date)	(End Date)

4. Undertaking by Applicant

I _____ d/s/w of _____ do 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:

Thumb Impression (Left Hand):

Document Check list:

Tick if Attached / selected:

- Photograph Is Attached
- CNIC Copy Is Attached On The Back Side Of Application Form
- Attested Copies Of Educational Documents And Experience Letter Attached

Cut Address box given below and affix it with gum on the envelope.



Send Registration Form to:

DR. HAYAT ULLAH TAREEN, PROJECT INCHARGE
ADDRESS: ESCL in Khuzdar and Turbat, Federal Seed Certification and Registration Department,
Mauve Area, G-9/4, Islamabad.

CONTACT NO: 051-9260949