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APPLICATION FORM

1. Name of Applicant _____
2. Father's name _____
3. CNIC No. _____ Date of Birth: _____ Age: _____
4. Postal Address: _____

5. Domicile: _____
6. Contact No. (Line/mobile): _____
7. Email Address: _____

8. Are you Muslim(For Minority quota): Yes No
9. Are you Disable Person: Yes No
10. Are you Applying on General Quota Yes No
11. Are you applying through women Quota Yes No

12. Details:-

a. Academic Qualification / Computer Literacy

Sr No	Degree/Certificate/Course	Division / Grade /CGPA	Year of Passing	Name of Board/ University/Institute
1.				
2.				
3				
4.				
5.				
6.				

b. For Government Servant only.

Sr No	Name of Department	Job Title	Job Duration From to Date	Remarks if any
1.				

c. Total experience as on closing date of application:

Day Month Year

DATE: -----

Signature of Applicant _____