

APPLICATION FORM

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| Application Reference No. (For office use only) | Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> (Do not write here-for official use only) |
|---|--|

1. Name _____ 2. Date of Birth _____
Age on Cut-off date (YY/MM/DD)
3. Father's Name _____ 4. E-mail _____
5. Postal Address _____
6. Permanent Address _____
7. Religion _____ 8. CNIC #

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|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|
9. Gender _____ 10. Marital Status _____
11. Nationality _____ 12. Foreign Nationality (if any) _____
13. Domicile District _____ 14. Province _____ 15. Cell Phone No. _____
16. Option of station for test/interview
- | | | |
|---------------------------------------|------------------------------------|-------------------------------------|
| 1. Islamabad <input type="checkbox"/> | 2. Lahore <input type="checkbox"/> | 3. Karachi <input type="checkbox"/> |
| 4. Peshawar <input type="checkbox"/> | 5. Quetta <input type="checkbox"/> | |

17. **ACADEMIC RECORD** (Give Exact name in Examination Column). Starting from High School (i.e. Matric) onwards in Chronological Order.

| Matric/ O Level F.A/ F.Sc/A Level, B.A/B.Sc/M.A/ M.Sc etc) | Passing Year | Board/ University | Marks | | | Division/ Grade/ CGPA | Major Subjects of Study |
|--|-----------------|----------------------|----------|-------|-------|-----------------------------|----------------------------|
| | | | Obtained | Total | % age | | |
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18. **PROFESSIONAL EXPERIENCE:** Currently doing job: Yes (Present) / No

| Exact Name of Post | Organization Name | Organization Status (Government/Semi-Govt./ Private/ Autonomous) | Job Duration (DD/MM/YY to DD/MM/YY) | Experience On Cut-off date (YY/MM/DD) |
|--|-------------------|--|---|---|
| | | | | |
| | | | | |
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| Total Experience On Cut-off date (YY/MM/DD) | | | | (YY/MM/DD) |

- 19.

I certify that the information provided by me in this Form is true, complete and correct to the best of my knowledge and belief, I understand that any misrepresentation or material omission made on Application Form or other document (s) requested by the Department may result in my disqualification for the test.

Dated: _____

Signature: _____

*** Note:-**

- i) Partially filled in / unsigned forms shall be rejected
- ii) Stations for test / interview will be decided subject to number of candidates. However, option given by the candidate shall not be binding on office.