

# APPLICATION FORM

1. Applied for the post of: \_\_\_\_\_
2. Full Name: \_\_\_\_\_
3. Father's Name: \_\_\_\_\_
4. Domicile (Province & District): \_\_\_\_\_
5. CNIC No: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_ DO-MM-YY
7. Age upto 30 Jun 2020: Year \_\_\_\_\_ Month \_\_\_\_\_ Days \_\_\_\_\_
8. Mobile Number \_\_\_\_\_
9. Postal Order No \_\_\_\_\_
10. Postal Address: \_\_\_\_\_



## 11. Qualification / Education:-

Degree	Year of Passing	Obtained Marks	Total Marks	Board/ University
Matric				
Intermediate				
Bachelor				
Master				
Any Other				

## 12. Experience Detail:-

Department	Designation	From	To

Dated: \_\_\_\_\_

Applicant Signature \_\_\_\_\_