

APPLICATION FORM

Post Applied for: _____

Paste your
Passport size
Photograph
with gum

1. Name of the Applicant _____

2. Father's Name _____

3. CNIC No _____ 4. Date of Birth _____

5. Religion _____ 6. Gender _____

7. Address: _____

a. Postal _____

City _____ District _____ Province _____

b. Permanent _____

City _____ District _____ Province _____

8. Domicile: _____ 9. Distt. of Domicile: _____

10. Contact No. (Line / Mobile) _____

11. Email Address (if any) _____ 12. Disability (if any) _____

13. Details:-

a. Academic / Technical

S. No	Degree / Certificates / Courses	Specializations	Division / Grade / CGPA	Year	Name of Board / University / Institute

b. Experience

Sr. No	Department / Organization	Designation/ Role	Project Detail	Job Description	Period		Remarks (in case of leaving job)
					From	To	

I hereby undertake that information provided by the undersigned is correct to the best of my knowledge. The department has right to cancel my candidature/ selection at any stage, If false information is provided by the undersigned.

PID(L)417/16

Signature of the Applicant: _____

Date: _____