

APPLICATION FORM

Photo

Name of the post with BPS: _____

Full Name _____

Father/Husband Name: _____ Date of Birth _____

Valid CNIC No: _____ Domicile: _____

Valid Registration No (PM&DC): _____ Nationality: _____

Gender: _____ Phone Number: _____

Address: _____

Qualification:

Sr.No	Certificate / Degree	Board / University	Passing year	Grade/ Division	Field/ Subject

Experience:

Name of Department	Post	From	To

I Mr. / Ms. _____ solemnly declare that the information provided by me is correct and true in all respects. Any fake /incorrect information detected at any time will be liable for penalty to be decided by the competent authority.

Date: _____

Signature _____

PID/14934/17