

RAWALPINDI INSTITUTE OF UROLOGY & TRANSPLANT, RAWALPINDI
APPLICATION FORM FOR APPOINTMENT OF NON-GAZATTED STAFF (BS-1 TO BS-10)

Name of Post:.....

Photograph
Passport size

1. Name of Applicant.....

2. Father's Name:.....

3. Computerized National Identity Card No. (NADRA)

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4. Present Postal Address:.....

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5. Permanent Address: :.....

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6. Married/Unmarried.....Sex: Male/FemaleReligion.....

7. Telephone No. Mobile No.....

8. Domicile ProvinceDomicile District

9. Date of Birth(Age on 06-10-2018) YearsMonthsDays.....

10. Academic Qualification.

S.No.	Qualification	Marks Obtained	Total Marks	Division	Board/University
1.					
2.					
3.					

11. Experience

S.No.	Appointment as	Organization/Office	Duration		Total Length of service
			From	To	
1.					
2.					

Note: Please attach **attested photocopies** of CNIC, Domicile, Academic Qualifications & experience certificates etc.

Dated: _____

Applicant's Signature

.....**please cut here**.....

Name of Applicant S/o, D/o

Apply for the post of BPS

Diary No. DatedSignature of application Receiving Person