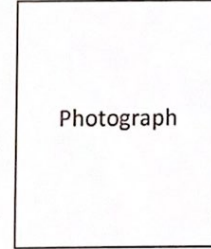


Government of Pakistan  
Ministry of Narcotics Control  
Islamabad

**APPLICATION FORM**

1. Name of Post (applied for): \_\_\_\_\_
2. Name of Candidate : \_\_\_\_\_
3. Fathers/Husband Name: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ 5. Gender:  Male  Female 6. Domicile: \_\_\_\_\_
7. CNIC No: \_\_\_\_\_ 8. Cell No: \_\_\_\_\_ 9. Religion : \_\_\_\_\_



8. Educational Qualifications:

S.No.	Degree/Examination	Year of Passing	University/Board	Class/Division	Specialization (if any)
1.					
2.					
3.					

9. Professional Qualifications (Certifications):

S.No.	Degree/Examination	Year of Passing	University/Board	Class/Division	Specialization (if any)
1.					
2.					
3.					

10. Experience:

S.No.	Name of Institution	Designation	Duration	Regular/Temporary
1.				
2.				
3.				

11. Address:

a. Postal Address : \_\_\_\_\_

b. Permanent Address : \_\_\_\_\_

\_\_\_\_\_  
Signature of Candidate