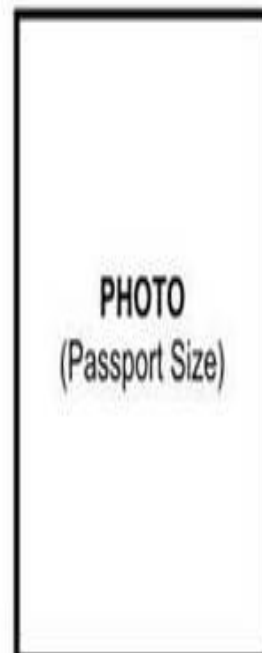


APPLICATION FORM

1. Name of Post : _____
2. Name of Applicant: _____
3. Father's Name: _____
4. Date of Birth: _____
5. Age on closing date: _____ (YY-MM-DD)
6. Domicile: _____
7. Religion: _____
8. Disabled (Tick any one) (i) Yes (ii) No
9. CNIC No:

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10. Educational Qualification: _____
11. Experience (if any): _____
12. Postal Address: _____
13. Permanent Address: _____
14. Phone Number: _____
15. Mobile No: _____
16. Email Address: _____



17. Tick anyone of the test centers:

Islamabad	Lahore	Sukkur	Karachi	Quetta	Peshawar
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Signature of the Applicant