APPLICATION FORM

Attach one

APPLICATION FOR THE POS	T OF				Fre	esh photograph	
(FILL in BLOCK letter)							
Name							
Father's Name							
Date of Birth: (dd/mm/yyyy	/y)		/				
Age: (dd/mm/yyy)	/						
Domicile;	CNIC#			Religion			
Gender;	Qu	ota					
Father's BPS		tirement					
Mobile#	Landline			#Email:			
Postal Address							
Dormonant Address							
Permanent Address:							
							
Academic/Professional Qu	alification						
Degree/ Certificate	Passing			versity Total Marks		Grade/ Division	
	rear			IVIGINS	Marks	<u> </u>	
Fyraniana							
Experience Name of Organization			From		-	То	
(attach Additional sheet, if	needed)						
I solemnly affirn	n & declare tha	t informatio	n given above	e is correct and	true to the b	est of	
my knowledge and that not	thing has been	concealed.					
Dated							
			Sig	gnature of Appli	cant:		