P.O Box No.26, GPO, Lahore. **Application for the post of** _____

APPLICATION FORM

Application Reference No. (For office use only)	Eligible ☐ Not Eligible ☐ Do not write here. **(For official use only)**

1. Name _____ 2. Date of Birth _____

3. Age on Cut-off date (YY/MM/DD) _____

4. Father's Name _____ 5. E-mail _____

6. Postal Address _____

7. Permanent Address _____

8. Religion _____ 9. CNIC # ☐☐☐☐☐-☐☐☐☐☐☐☐-☐

10. Gender _____ 11. Marital Status _____

12. Nationality _____ 13. Foreign Nationality (if any) _____

14 Domicile District _____ 15. Province _____ 16. Cell Phone No. _____

17. Govt. Servant Yes ☐ No ☐ 18. 02 Years Continuous Govt. Service Yes ☐ No ☐

19. Disability (if any) Yes ☐ No ☐

20. **ACADEMIC RECORD** (Give Exact name in Examination Column). Starting from High School (i.e. Matric) onwards in Chronological Order.

Matric/ O Level F.A/ F.Sc/A Level, B.A/B.Sc/M.A/ M.Sc etc)	Passing Year	Board/ University	Marks			Division/ Grade/ CGPA	Major Subjects of Study
			Obtained	Total	% age		

21. **PROFESSIONAL EXPERIENCE:** **Currently Serving: Yes ☐ No ☐**

Exact Name of Post	Organization Name	Organization Status (Government/Semi-Govt./ Private/ Autonomous)	Job Duration (DD/MM/YY to DD/MM/YY)	Experience On Cut-off date (YY/MM/DD)
Total Experience On Cut-off date				(YY/MM/DD)

22. **VALID DRIVING LICENSE:**

License No:	License Category	Date of Issuance	Date of Expiry

23. **Do you have any relative serving in ECP. If yes please mention his/her name, Designation and place of posting.**

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I certify that the information provided by me in this Form is true, complete and correct to the best of my knowledge and belief, I understand that any misrepresentation or material omission made on Application Form or other document (s) requested by the Department may result in my disqualification for the test.

Dated: _____ Signature: _____

*** Note:-**

Partially filed in / unsigned forms shall be rejected.