**Project Management Unit**

**Southern Area Development Project**

Alizai Plaza, Opp: GPO, D I Khan

Ph: # 0966-731990, Fax: # 0966-730990

**APPLICATION FORM**

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| **Post Applied for:** | |  | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | |
| **Name:** | |  | | | | | | |
| **Father Name:** | |  | | | | | | |
| **CNIC No.** | |  | | | **Languages:** |  | | |
| **Date of Birth:** | |  | | | **Contact No.** |  | | |
| **Domicile:** | |  | | | **Email ID:** |  | | |
| **Mailing Address:** | |  | | | | | | |
| **Academic Record** | | | | | | | | |
| **Sr. No.** | **Certificate/Degree** | | **Passing Year** | **%age/ CGPA** | | **Division/ Grade** | **Institute** | |
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| **EXPERIENCE** | | | | | | | | |
| **Sr. No.** | **Job Title** | | **Department** | **Period** | | | **Duration** | |
| **From** | | **To** | **Years** | **Months** |
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| **Undertaking By The Applicant** | | | | | | | | |
| I hereby declare that all the entries in this proforma and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief. I understand that any misrepresentation of the facts in it shall result in the rejection of my application, and if an appointment has been accepted, dismissal from the service.  **Date:**  **Signature of Candidate:** | | | | | | | | |

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| **Instructions** |
| * Please fill each row and column in this proforma very carefully and no column be left blank. * If a row or a column is not relevant, write “Not Applicable” or “NA”. |