



## Application Form

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APPLICATION FOR THE POSITION OF \_\_\_\_\_

ADVERTISEMENT IN \_\_\_\_\_ DATED \_\_\_\_\_

### Instructions:

- i. Personal Information should be filled in Capital Letters.
- ii. Only Properly filled / complete forms will be considered.
- iii. No Information should be left blank (in case if any information is not applicable, NA / Nil should be filled).

### I. Personal Information:

1. Name: .....

2. Father's Name: .....

3. CN.I.C No.:

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4. Nationality: .....

5. Gender  Male  Female

6. Domicile Distt: .....

7. Domicile Province : .....

8. Date of Birth (dd/mm/Year): .....

10. Marital Status:  Married  Unmarried  Divorced  
 Separated  Widowed

9. Age: .....

11. Permanent Address: .....

Tehsil: ..... Distt: ..... Province: .....

12. Present Address: .....

Tehsil: ..... Distt: ..... Province: .....

13. Postal Address: .....

Tehsil: ..... Distt: ..... Province: .....

Anybody who tries to influence the process of selection by any means will be disqualified.

Signature

14. Personal Contacts :						
a) Phone No. (With Area Code):-.....		c) Fax No.(If any):-.....				
b) Mobile No.:-.....		d) E-mail Address:-.....				
<b>II. Academic Background:</b>						
<b>1. Qualification (Starting from last degree you have)</b>						
Degree Held	Field of Study	Institution	From	To	Division / Grade	Position (if Any)
<b>2. Provide Details of Professional Training , Certifications etc.</b>						
Course/Diploma/Certification	Field of Study	Institution	Duration		Results	
			From	To		
<b>III. Awards / Achievement:</b>						
<b>Whether:</b>	Hafiz-e-Quran	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ex Service Men	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>IV. Computer Literacy [in Case of IT related posts, Enter other Application Known]</b>						
HW/SW/Applications			No	Little	Good	Excellent
MS Word						
MS Excel						
MS Power Point						

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**Signature**


**V. Employment History (Starting from current position. Must also mention PEF experience if any):**

Total working experience: \_\_\_\_\_ Years \_\_\_\_\_ Months.

Organization	Position	Period		Per month Pay Drawn	Reasons of Leaving
		From	To		

**VI. Family Details:**

Next of Kin: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name	Sex	Date of Birth	Age	Relation	Profession	Present Address

Anybody who tries to influence the process of selection by any means will be disqualified.

**Signature**

**VII. Medical Ailment / History / Disability:**

Do you have any infection disease such as AIDS, HIV, Hepatitis, TB?

\_\_\_\_\_

Do you have any disability?

\_\_\_\_\_

**VIII. Discipline:**

Have you ever been terminated from any service?

Yes  No

Have you ever been punished by the Court of Law?

Yes  No

Give details. \_\_\_\_\_

\_\_\_\_\_

**IX. References:****1. Provide a details of two Academic / Professional References :**

Reference-1	Reference-2
1. Name: _____	1. Name: _____
2. Address: _____ _____	2. Address: _____ _____
3. Phone: _____	3. Phone: _____
4. Fax: _____	4. Fax: _____
5. E-mail: _____	5. E-mail: _____

**2. Do you have blood relative(s) serving in PEF:**

Yes  No (If yes then mention following details)

1. Name: _____	1. Name: _____
2. Designation: _____	2. Designation: _____
3. Relationship: _____	3. Relationship: _____
4. Department: _____	4. Department: _____
5. Location: _____	5. Location: _____

Anybody who tries to influence the process of selection by any means will be disqualified.

**Signature**

**X. Acknowledgement:**

It is certified that I have attached copies of following documents:-

- |                             |                              |                             |
|-----------------------------|------------------------------|-----------------------------|
| 1. Educational Certificates | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Transcripts              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Degree / Diploma         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Experience Certificates  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. CNIC & Domicile          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**XI. Declaration:**

By signing below and submitting this Application Form, I ----- S/O, D/O -----  
do hereby declare that the information provided above, is accurate to the best of my knowledge and I fully understand that my false statement or material omission / suppression of any fact shall regret my application and shall render me liable to disciplinary and/or dismissal from service, at any stage.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Anybody who tries to influence the process of selection by any means will be disqualified.

**Signature**