APPLICATION FORM

Picture

1 x 1

Nam	e of Post & BPS a	applied for					
1.	Name:	(WRIT	E IN CADITAL LE	ETTERS)			
2.	Father's Name_						
۷.	ramers Name_						
3.	Date of Birth	-	-				
4.	CNIC No.		-			-]
5.	Domicile _			_			
6.	District of Domic	cile		_			
7.	Postal Address (for communication):						
8.	Educational Qu	ualification:-					
	Qualification	Passing Year	Schoo	School / Board		Total Marks	5
9.	Experience (if a	ny):-]
9.	Experience (if an Organization / Department	ny):- Designatio	n Grade	Govt./Semi Govt./Private	Starting Date	Ending Date	Total years
9.	Organization		n Grade		_		
9.	Organization		n Grade		_		
9.	Organization / Department	Designatio			Date	Date	
	Organization / Department Contact No: Of Declaration: i. I certify correct to ii. I have in	Designatio fice that the state of the best of the state of the s	Res.	by me in this apple and belief. Department in w	Date obile	Date true, comp	years