Application Form

Name of Post: _____ BPS: _____

1. Name (in capital letters): _____

2. Father's / Husband's Name (for female married candidates): _____

3. Date of Birth: _____ Age: _____

4. CNIC Number: _____

5. Domicile District: _____ Province: _____

6. Postal Address: _____

7. Permanent Address: _____

8. Contact Number: Office: _____ Residence: _____ Mobile: _____

9. Educational Qualification:

Qualification	Passing Year	CGPA / Div / Grade / %age of Marks	School / Board / University

10. Shorthand / Typing & Computer Literacy (where applicable): _____

_____

Declaration: I, hereby undertake that information provided by me is correct to the best of my knowledge. I am also aware any false information will lead to disqualification of my candidature.

Signature of Applicant: _____