

INITIAL APPLICATION FORM

Advertisement No: _____ Dated: _____ Name of News Paper: _____

POST APPLIED FOR: _____ CNIC No:

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1 Name: _____

2 Father's /Husband Name: _____

3 Father's /Husband Occupation: _____

4 Address:- a) Postal: _____ Phone: _____

b Permanent : _____ Phone: _____

c E-MailAddress: _____ d). Mobile No. _____

5 Date of Birth: _____ 6 Marital Status: _____

7 Domicile (a) City: _____ (b) Province: _____

8 Religion: _____ 9 Sect: _____

10 Nationality: _____ 11 Foreign Nationality (if any): _____



12 QUALIFICATOIN: (Complete Educational Record (Matric onwords)(tick the completed level)

SR #	LEVEL	PASSING YEAR	STANDARD ATTAINED			INSTITUTION	SUBJECTS/ SPECIALIZATION
			MARKS & DIV	% AGE	CGPA		
i	Matric / O-Level						
ii	Intermediate / A-Level F.A / F. Sc / I. Com						
iii	D.A.E / Diploma						
iv	B.A / B. Sc. / B. Com/ BBA / BCS/ BIT(02 years degree)						
v	B.Sc Engg)/B.E/BS(04 yrs) M.A/M.Sc/MS or equivalent (16 years education)						
vi	MS/M Phil (18 years education)						
vii	Any Other Qualification						

13 EXPERIENCE. (Please mention total years of post-qualification experience): _____ year(s) _____ month(s).

SR	NAME & ADDRESS OF DEPARTMENT	POST HELD	PERIOD		PAY PACKAGE (WITH SCALE)
			FROM	TO	

I certify that the statement made and information given by me in this application are true, complete and correct to the best of my knowledge and belief.

Place:- _____ Date _____ (Candidate's Signature: _____)

NOTE: Candidates who are in service should apply through proper channel and must attach No Objection Certificate(NOC). Incomplete/late received proforma will not be entertained.