

**APPLICATION FORM**

Application Reference No. (For office use only)	Eligible <input type="checkbox"/>	Not Eligible <input type="checkbox"/>
(Do not write here-for official use only)		

1. Name \_\_\_\_\_ 2. Date of Birth \_\_\_\_\_  
Age on Cut-off date (YY/MM/DD)
3. Father's Name \_\_\_\_\_ 4.E-mail \_\_\_\_\_
5. Postal Address \_\_\_\_\_
6. Permanent Address \_\_\_\_\_
7. Religion \_\_\_\_\_ 8. CNIC # \_\_\_\_\_
9. Gender \_\_\_\_\_
10. Marital Status \_\_\_\_\_
11. Nationality \_\_\_\_\_ 12. Foreign Nationality (if any) \_\_\_\_\_
13. Domicile District \_\_\_\_\_ 14. Province \_\_\_\_\_ 15. Cell Phone No. \_\_\_\_\_
16. **ACADEMIC RECORD** (Give Exact name in Examination Column). Starting from High School (i.e. Matric) onwards in Chronological Order.

Matric/ O Level/F.A/F.Sc/A Level, B.A/ B.Sc/M.A/ M.Scetc)	Passing Year	Board/ University	Marks			Division/ Grade/ CGPA	Major Subjects of Study
			Obtained	Total	% age		

17. **PROFESSIONAL EXPERIENCE:** Currently doing job: Yes (Present) / No

Exact Name of Post	Organization Name	Organization Status (Government/Semi-Govt./ Private/ Autonomous)	Job Duration (DD/MM/YY to DD/MM/YY)	Experience On Cut-off date (YY/MM/DD)
Total Experience On Cut-off date (YY/MM/DD)				(YY/MM/DD)

18. I certify that the information provided by me in this Form is true, complete and correct to the best of my knowledge and belief, I understand that any misrepresentation or material omission made on Application Form or other document (s) requested by the Department may result in my disqualification for the test.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

\* Note:- i) Partially filled in / unsigned forms shall be rejected.