Application for the Post of											
Before filling the Application (Part-I)											
	Que	•		Yes	No	_					
Have you the requisite qualification, educational and others  Have you the requisite experience, if applicable				<b>√</b>		-	all thes are "yes" then fill the appliation				
Are you with in the prescribe age limit				✓ ✓		lf all					
Are you in possession of age relaxation document, if otherwise overage				√		1					
Are you properly domiciled											
First Name (e.g. Muhammad Hanif Khan; has the First Name "Hanif") :											
,											
Full Name in BLOCK letters											
Father Name:											
Age on closing date of application (YY-MM-DD)											
Postal Address (Present)											
Postal Address (Permanent, if different from above)											
,					<u> </u>						
Places where you re	Places where you remained resident, including foreign										
Father's Occupation											
Contact Numbers											
Co-curricular activitie	es				1	Chasial	1	Multiple (e.g.	female and/or		
You are applying against quota:				General	Female	Special (Disabled)	Minority		Minority)		
11,700				✓							
Date of Birth							Place of	Birth, if different			
(DD/MM/YYYY)		Gender/Sex		Domicile				lce of domicile			
Married (Yes/No)		Religon		CNIC			Vour n	lace in sibling			
Warried (163/140)		rteligon		Male			Female	lace in Sibiling			
Educational Qualification (					a from	hiahest) (P					
Institution/ Uni/College/					Ī	Decree	Year of	Passed as a			
Qualifi	cation	School	Grade	Division	CGPA	Awarding Institute	passing	whole or in Parts			
Post-Doctorate		-				monute		raits			
Ph.D		-									
Master (MBA)											
Graduation											
HSSC											
SSC											
Middle											
Primary											
Work Experience (Part-III)											
Name of the Departi											
Post(s) held											
Duration of Service(From- To)											
Nomenclature and Nature of Job											
Whether Permanent, contract, Daily Wages or Others											
Duration of Permanent Service (From-To)											
Name & Designation of the head of office / department forwarding the application											
If wrok experience is in multiple departments/organizations/entities etc. the same Part-III be reproduced on separate sheet regarding								arding			
applicable columns											
			Check I	ist (Par	t-IV)	1					
Qualification; Degree/Certificate etc with DMC/ Transcript			Page (Photostate of	Remarks		For Office Use Only					
Post-Doctrate			Documents)			Checked	PIN				
Ph.D							Date of D	ispatch (DD/MN	//YYYY)		
Master Graduation							Data of D	Pacaint /DD/MA			
HSSC								eceipt (DD/MM/			
SSC							4	Receiving (Pos	t, Personal, E-		
Middle Primary							mail etc)				
Distiction Certificate								esignation of the off	icial who checked		
Character Certificate					Name & De	esignation					
Character Certificate  Domicile Certificate											
Age Relaxation Document								Signature			
Medical Certificate of Disability  Dartmental Permission/NOC of Discharge Certificate, If applicable							-				
CNIC					<u>†</u>						
3 attested Photograp				]							
Any other document				l .		l	1				