JOB APPLICATION FORM

Photograph Attach your Picture

| 2. | Post Applied for: Name (Capital letters): Father Name: | | | | | | | | | |
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| | Name (Capital letters): | | | | | | | | -DD) | |
| | Domicile:Religion: | | | | | | | | | - |
| | Nationality: | | | | | | | | | |
| | Postal address: | | | | | | | | | |
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| | Contact Phone (v Permanent Addre | | | | | | | | | - |
| | Academic Qualifications (High School / metric onwards). | | | | | | | | | |
| Sr. No. | Degree/ Diploma/ Certificate | | Institution/ College | University/ Board | Year of Passing | Marks obtained | Total marks | | % age/ Division/ rade/CGP/ | Major Subjec |
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|). | Related Experier | nce (Post | qualification) | . (Please attach | separate she | ets if necessa | ary) | | | |
| r. | Institution/ | | | | | | | BPS/ | Job Peric | od Years of Experience |
|). | Employer Posi | ition Held | Major Responsibilities | | | | | | From T | |
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| | Additional experi | tise: | | | | | | | | |
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| CI | LARATIONS O | F CAND | <u>IDATE</u> | | | | | | | |
| | D/S/W/o | | | CNIC | CNIC No Phone No. given/ provided by me in this application form for | | | | | do her |
| emr | ly affirm and decla | re that al | I the information | on given/ provide | d by me in th | is application f | form fo | r empl | ovment in | Ministry of Inte |
| all | the additional part | ticulars/ de | ocuments/ cer | tificates furnishe | d along with it | are correct a | nd true | to the | best of m | nv knowledae |
| | Nothing has been | | | | | | | | | |
| | nment/ Autonomou | | | | | | | | - | |
| | / case. If any decla | | | | | | | | | |
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