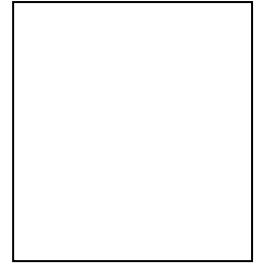


# **APPLICATION FORM**



Application for the post of: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Father Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on closing date (YY/MM/DD) \_\_\_\_\_

Domicile: \_\_\_\_\_ CNIC: \_\_\_\_\_

Qualification: \_\_\_\_\_ License type with No. \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Contact No. \_\_\_\_\_

• It is certified that the information as provided above is correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

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