

APPLICATION FORM

A. PERSONAL INFORMATION

1. Name of Post applied for: _____ BPS _____
2. Name of applicant: _____
3. Father's Name: _____
4. Date Of Birth _____ Age (on 25-02-2019): Years _____ Months _____ Days _____
5. CNIC No. _____ Domicile: _____
6. Gender: Male / Female (_____) Religion: _____
7. Email _____ Contact No. _____

B. ADDRESS:

- a) Postal: _____
- b) Permanent: _____

C. QUALIFICATION (Starting with the Highest Qualification):

For Applicants at Serial No.01 & 02, use separate row for each professional year of DVM, M.Sc(Hons)/M.Phil and Ph.D

S#	Qualification	Total Marks / GPA	Marks Obtained /GPA	% Marks Obtained	Division

D. EXPERIENCE:

S#	Name of Post	Name of Organization	Duration		Total Period of experience
			From	To	

Declaration by the Applicant:

I certify that the information provided by me in this application form are true, complete and correct to the best my knowledge and belief.

Date _____

Signature of Applicant: _____