

JOB APPLICATION FORM

Apply for the Post of _____

Applicants Name _____ F/Name: _____

Postal Address: _____

permanent Address: _____

Email: _____ Mobile: _____ CNIC: _____ Domicile: _____

ACADEMIC QUALIFICATION

Qualification	Major	Institution	Year	%age Marks Obtained

WORK EXPERIENCE

Organization	Location	Designation	Duration (in Years)

I hereby declare that all information given in this application is true to the best of my knowledge. If above information is found to be false, I am bound to obey the decision of selection committee.

Applicant Signature

INF/P/ 5160/21