

**APPLICATION FORM
PORT QASIM AUTHORITY
KARACHI.**

Name of Post _____

Name of Applicant _____

Father's Name _____

Date of Birth _____

CNIC No. _____

Domicile _____

Postal Address _____

Permanent Address _____

Cell No. _____, _____ Email _____

Academic Qualification _____

Professional Qualification _____

Relevant Experience _____



Name of Organization	Rank/Post Held	From	To	Total

Date: _____

Signature of Applicant

PQA Website: www.pqa.gov.pk
Email: secretary@pqa.gov.pk
PPRA Website: www.ppra.org.pk

PID(K) 3697/21

**Tipu Sultan Shaikh
Secretary**