



**AZAD GOVERNMENT OF THE STATE OF JAMMU & KASHMIR
OFFICE OF THE COMMISSIONER INLAND REVENUE
HEAD OFFICE MUZAFFARABAD, AZAD JAMMU & KASHMIR**

**APPLICATION FORM
(INLAND REVENUE DEPARTMENT)**

1.	Post Applied for	
2.	Candidate's Name	
3.	Father's Name	
4.	Date of Birth	
5.	C.N.I.C No.	
6.	Domicile	
7.	Postal Address	
8.	Permanent Address	

**RECENT
PHOTOGRAPH**

9. Qualification (From Matriculation onward)

Degree/Certificate	Year	Board/University	Maximum Marks	Marks Obtained	Division/Grade with % Age

10. Experience

Organization's Name	No. of Years	From	To	Field of Work	Posting

Date _____

11. Certificate of Permission

For Candidates already in Government Service:

Name of Department	Name of Post	Date of Appointment

Signature/Official Stamp: _____