

# Muhammad Kashif Ahmed

Registrar Phone: 051-9219215

## APPLICATION FORM

Name of Post & BPS applied for \_\_\_\_\_

1. Name: \_\_\_\_\_  
(WRITE IN CAPITAL LETTERS)

2. Father's Name: \_\_\_\_\_

3. Date of Birth: 

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4. CNIC No. 

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5. Domicile: \_\_\_\_\_

6. District of Domicile: \_\_\_\_\_

7. Postal Address (for communication): \_\_\_\_\_  
\_\_\_\_\_

Picture 1X1

8. **Educational Qualification:-**

Qualification	Passing Year	School / Board	Marks Obtained	Total Marks

9. **Experience (If Any):-**

Organization / Department	Designation	Grade	Govt. /Semi Govt./Private	Starting Date	Ending Date	Total Years

10. Contact No. Office: \_\_\_\_\_ Res. \_\_\_\_\_ Mobile: \_\_\_\_\_

**Declaration:** I have read all terms and conditions contained/explained in the advertisement and have no objection and submit this application according to these terms and conditions. Further, all information provided by me in this application form is true and correct to the best of my knowledge.

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

Signature of Applicant: \_\_\_\_\_