PRESCRIBED PROFORMA

Photograph

Name of the officer _____

Father/Husband name _____

CNIC NO. _____

Date of Birth: _____

Designation: _____

BPS (on regular basis) _____

Name of the Service /Group _____

Presently Working in: _____

Parent Department: _____

Qualification: _____

Mobile No: _____ Office: _____ Res: _____

Whatsapp No: _____

Email Address: _____

Postal Address (Office): _____

Postal Address (Residence): _____

Service History

Sr. No	Department	Designation	Period	
			From	To

***a separate sheet may be used to complete Service History**

Applicant Signature

_____