APPLICATION FORM FOR SWEEPER

	(To	be	filled	by	the	Can	didate)
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Name	S/O

Paste Photo Here

CNIC I	No		omicile	Date of E	Birth		
Age as	s on (Closing Date	·)Yea	arsMonths	Days	Cell No.		
Whats	sApp No		Email <i>i</i>	Address			
Perma	anent Address						
Postal	l Address						
<u>ACAD</u>	EMIC QUALIFICAT	<u> ION</u>					
	Qualification	Board/Univer	rsity		Total	larks	Remarks
S No	Qualification		-		LUICH	ת בחוביותו י	Ų.
S No 1	Primary				, otal	Obtained	
					T Star	Obtained	
1	Primary				, ota	Obtained	
1 2 3	Primary Middle	<u>PER</u>				Obtained	
1 2 3	Primary Middle Matric	<u>PER</u>		on Di	ate		I Period
1 2 3 <u>EXPER</u> S No	Primary Middle Matric	PER	Designatio	D			I Period
1 2 3 <u>EXPER</u>	Primary Middle Matric	PER		on Di	ate		I Period

NOTE. 1. Provision of wrong / incomplete information merit rejection of candidature.2. Attach attested copies of CNIC, Courses and Experience certificates.

3

Applicant's Signatures.	
Data	
Date.	

APPLICATION FORM FOR LAB ATTENDANT (COMPUTER LAB)

(To be filled by the Candidate)

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Pasi	РΡ	no	TO	HE	re.

Applicant's Signatures. _____

Date. _____

Name.				_S/O				
CNIC N	No	Doi	micile		Date of B	irth		
Age as	s on (Closing D	ate)Years	s	Months	Days	WhatsAp	p No	
Perma	nent Address							
Temop	oorary Address.	•						
ACADI	EMIC QUALIFIC	ATION						
				Deerd/Univers	4	М	arks	Grade /
S No	Qualification	Subjects		Board/Univers	ity	Total	Obtained	Percentage
1	Matric							
2	Intermediate/							
3	BA/BCS/ B.Com/B.Sc							
4								
ADDIT	IONAL COURS	ES/HARDWARE C	OURS	<u>SE</u>				
	Certificate/Cou					M	arks	Grade /
S No 1	Certificate/Cot	irse name	Instit	tute		Total	Obtained	Percentage
2								
EXPER	RIENCE							1
					Da	ıte	_	
S No	Organization			Designation -	From	То	Tota	l Period
1								
2								
3								
NOTE.		ong / incomplete info				idature.		

APPLICATION FORM FOR MALI (To be filled by the Candidate)

Name._

S/O_

Paste P	hoto	Here
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CNIC N	lo	Domici	le	Date of Bi	rth			
Age as	on (Closing Date)Years	Months	Days	Cell No			
Whats/	App No		Email Add	ress				
Permai	nent Address							
Postal	Address.							
ACADE	EMIC QUALIFICAT	<u>'ION</u>						
S No	Qualification	Board/University				arks		Remarks
1	Primary				Total	Obtaine	ea	
2	Middle							
3	Matric							
<u>EXPER</u>	IENCE AS MALI							
S No	Organization		Designation	Da	te	Т	otal F	Period
	gameation		2001911411011	From	То		J.u. 1	
1								
2								
3								
		y / incomplete informat pies of CNIC, Courses			ıre.			
				Appli	cant's Sig	natures		
				Date.				

APPLICATION FORM FOR ELECTRICIAN/GENERATOR OPERATOR

(To be filled by the Candidate)

Paste Photo Here

Name.				S/O				
CNIC	No	Dor	nici	le	Date of B	irth		
Age as	s on (Closing D	ate)Years	S	Months	Days	WhatsAp	p No	
Perma	nent Address							
Postal	Address							
ACAD	EMIC QUALIFIC	CATION						
S No	Qualification	Subjects		Board/Univers	ity	Total	arks Obtained	Grade / Percentage
1	Matric							
2	Intermediate							
3								
4								
ELEC1	RICAL TRADE	CERTIFICATE/DA	E (E	LECTRICAL)				
S No	Certificate/Cou	ırse Name	Ins	titute		M Total	arks Obtained	Grade / Percentage
1						Total	Obtained	. or comage
2								
3								
EXPER	RIENCE AS ELE	CTRICIAN / GENE	RA1	TOR OPERATO	R			
S No	Organization			Designation	Da	ite	Total	Period
	- Grigamization			Doorgination	From	То	T Gran	
1								
3								
4								
		rong / incomplete inford copies of CNIC, Cou				ndidature.		
					Appl	icant's Sig	natures	
					Date.	·		

APPLICATION FORM FOR SECURITY GUARD (To be filled by the Candidate)

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				<u> analaate</u>			Here
Rank	on Retireme	ent					
Name.	·		S/O				
Serve	d: Army, I	Navy, PAF, (Tick any one) Service N	0			
Trade		_Corps/Badge	_ Total Service	in Armed Fo	orces:	_Years	Months.
CNIC	No	Whats	App No				
Date o	of Birth	Age as on	(Closing Date)		_Years	_Months	Days
Perma	nent Addre	ess					
ACAD	EMIC QUAL	<u> IFICATION</u>					
S No	Degree	Board/University		Total Marks	Marks C	Obtained	%age
1							
2							
3							
4							
5							
PROF	ESSIONAL	COURSES					
S No	Name of Co	ourse	Institution	From	ate To	Dura	ation
S No 1	Name of Co	ourse	Institution			Dura	ation
	Name of Co	ourse	Institution			Dura	ation
1	Name of Co	ourse	Institution			Dura	ation
1 2	Name of Co	ourse	Institution			Dura	ation
1 2 3	Name of Co	ourse	Institution			Dura	ation
1 2 3 4 5		SECURITY GUARD/TRAN		From		Dura	ation
1 2 3 4 5		SECURITY GUARD/TRAN		From	To		ation
1 2 3 4 5 EXPER	RIENCE AS	SECURITY GUARD/TRAN	SPORT EXPER	From	То		
1 2 3 4 5 EXPER S No 1	RIENCE AS	SECURITY GUARD/TRAN	SPORT EXPER	From	To		
1 2 3 4 5 EXPER S No 1 2	RIENCE AS	SECURITY GUARD/TRAN	SPORT EXPER	From	To		
1 2 3 4 5 EXPER S No 1	RIENCE AS	SECURITY GUARD/TRAN	SPORT EXPER	From	To		
1 2 3 4 5 EXPER S No 1 2 3	RIENCE AS	SECURITY GUARD/TRAN	SPORT EXPER	From	To		
1 2 3 4 5 S No 1 2 3 4 5 5	Organization 1. Provision	SECURITY GUARD/TRAN	SPORT EXPER Designation	From IENCE From	Date To	Tota	

Applicant's Signatures.	
Date	

APPLICATION FORM FOR HORSE RIDING COACH (To be filled by the Candidate)

Name.	_Days	
Served: Army, Navy, PAF (Tick any one) Service No. TradeCorps/BadgeTotal Service in Armed Forces:YearsM CNIC NoWhatsApp No Date of BirthAge as on (Closing Date)YearsMonths Permanent Address Postal Address ACADEMIC QUALIFICATION S No Qualification Board/University	_Days	
Trade Corps/Badge Total Service in Armed Forces: Years M CNIC No.	_Days	
CNIC No.	_Days	
Date of Birth Age as on (Closing Date) Years Months		
Permanent Address Postal Address ACADEMIC QUALIFICATION S No Qualification Board/University Total Marks Obtaine d Percentage 1		
Postal Address		
Postal Address		
ACADEMIC QUALIFICATION Board/University Total Marks Obtaine d Marks Obtaine d Grade/Percentage 1 2 3 4 4 Date Duration 5 No Name of Course Institution Date Duration 1 2 1	;	
S No Qualification Board/University Total Marks Obtaine of Course Marks Obtaine of Course Grade/Percentage 1 Image: Course of)	
1		
2 3 4 4 4 Date Date Duration S No Name of Course Institution From To Duration 1 2 1 <	ļ	
3 4 Date Duration S No Name of Course Institution From To Duration 1 2 To		
4 HORSE RIDING COURSE S No Name of Course Institution Date From To Duration 1 2 ————————————————————————————————————		
HORSE RIDING COURSE S No Name of Course Institution Date From To Duration 1 2 ————————————————————————————————————		
S No Name of Course Institution Date From To 1		
S No Name of Course Institution Date From To 1		
1 2		
EXPERIENCE AS INSTRUCTOR OF HORSE RIDING AT RIDING CLUB/MONA DEPOT Date		
S No Organization Designation From To Total Period	tal Period	
1		
2		
3		
4		
5		
NOTE. 1. Provisioning of wrong / incomplete information will merit rejection of candidature. 2. Attach attested copy of service discharge book. 3. Attach attested copies of courses and experience certificates. Applicant's Signatures.		

APPLICATION FORM FOR COMPUTER LAB ASSISTANT

(To be filled by the Candidate)

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Applicant's Signatures.

Date. _____

Name.			S/O					
CNIC I	No	Doi	micile	_ Date of B	irth			
Age as	s on (Closing D	ate)Years	sMonths	Days	WhatsAp	p No		
Email	Address		Postal Addres	ss				
Postal	Address							
ACAD	EMIC QUALIFIC	CATION					_	
S No	Qualification	Subjects	Board/Univers	sity	Total	larks Obtained	Grade / Percentage	
1	Matric				i Olai	Obtained	7 ci centage	
2	ICS							
3	BS (CS)							
4								
5								
DIDLOMA IN HADDWARE								
DIPLO	MA IN HARDW	ARE						
	MA IN HARDW		Instituto		P	eriod	Grade /	
DIPLO S No	Certificate/Cou		Institute		Po From	eriod To	Grade / Percentage	
			Institute			T		
S No			Institute			T		
S No			Institute			T		
\$ No 1 2 3	Certificate/Cou	urse Name	Institute			T		
\$ No 1 2 3		urse Name	Institute	n.	From	T		
S No 1 2 3	Certificate/Cou	urse Name	Institute	Da From		То		
\$ No 1 2 3	Certificate/Cou	urse Name			From	То	Percentage	
S No 1 2 3 EXPER	Certificate/Cou	urse Name			From	То	Percentage	
\$ No 1 2 3 EXPER	Certificate/Cou	urse Name			From	То	Percentage	
\$ No 1 2 3 EXPER \$ No 1 2	Certificate/Cou	urse Name			From	То	Percentage	

(To be filled by the Candidate)											
Rank	on Retirement				Here						
Name	•	S/O									
Serve	d: Army, Navy, PAF (Fick any one) Service N	o								
Trade	Corps/Badg	e Total Service	in Armed Ford	ces:	_YearsMonths.						
CNIC	No	WhatsApp No	Dat	e of Birth.							
Age a	s on (Closing Date)	YearsMonths_	Days								
Perma	Permanent Address										
Posta	Postal Address_										
ACAD	EMIC QUALIFICATION										
S No	Qualification	Board/University	Total	Marks Obtaine	Grade/						
			Marks	d	Percentage						
1	Matric	,	Warks	d	Percentage						
1 2	Matric Intermediate		Warks	d	Percentage						
			Marks	d	Percentage						
2	Intermediate		Marks	d	Percentage						
2	Intermediate		Marks	d	Percentage						
2 3 4 5	Intermediate		Marks	d	Percentage						
2 3 4 5	Intermediate B.A/B.Sc/B.com SE RELATED TO MESS		Total Marks	Marks Obtaine	Grade/ Percentage						
2 3 4 5 COUR	Intermediate B.A/B.Sc/B.com SE RELATED TO MESS	SUPERVISOR	Total	Marks Obtaine	Grade/						
2 3 4 5 COUR S No	Intermediate B.A/B.Sc/B.com SE RELATED TO MESS	SUPERVISOR	Total	Marks Obtaine	Grade/						

S No	Organization	Designation	Da	ate	Total Period	
3 110	Organization	Designation	From	То	Total Period	
1						
2						
3						
4						
5						

- NOTE. 1. Provisioning of wrong / incomplete information will merit rejection of candidature.
 2. Attach attested copy of service discharge book.
 3. Attach attested copies of courses and experience certificates.

Applicant's Signatures.	
Date	

APPLICATION FORM FOR JUNIOR CLERK (ACCOUNTS)

(To be filled by the Candidate)

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Name			S/O						
CNIC N	lo	Doi	micile	.	Date of B	irth			
Age as	on (Closing Da	ate)Years	s	Months	Days	WhatsAp	p No		
Email A	Address			Postal Addres	s				
Postal	Address								
ACADE	MIC QUALIFIC	ATION							
S No	Qualification	Subjects		Board/Univers	ity	M Total	arks Obtained	Grade / Percentage	
1	Matric								
2	I.Com or D.Com								
3	B.Com								
4									
DIPLOMA IN COMPUTER SCIENCE MINIMUM 1 YEAR									
S No				itute		From	eriod To	Grade / Percentage	
1									
2									
3									
EXPER	IENCE AS ACC	COUNTS CELRK (I	N ED	UCATIONAL I	NSTITUTIO	N)			
	Organization			Designation	Da	te	Tota	ıl Period	
1				_	From	То			
2									
3									
4									
		ong / incomplete info I copies of CNIC, Cou				dature.	ı		
					Appl	icant's Sig	natures		
					Date.				

APPLICATION FORM FOR SECURITY SUPERVISOR (To be filled by the Candidate)

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Rank	on Retirement										Tiere
Name.				S/O							
	d: Army, Navy, P										
Trade	Corps/	Bado	ge	_ Total Service	in /	Armed	Ford	es:	Yeaı	'S	Months.
	No										
	of Birth							ears	Mon	ths	Days
	nent Address										
	Address										
	EMIC QUALIFICAT										
S No	Qualification		ard/University			Tota Mark		Mark Obtai d	_		ide / entage
1											
2											
3											
4											
5											
PROF	ESSIONAL COURS	ES									
S No	Name of Course		Instit	tution	F	Da From	ite	То		Duratio	on
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3											
4											
5											
EXPE	RIENCE AS SECUR	ITY :	SUPERVISOR	INCLUDING M	ΓSU	JPERV	SIO	N			
S No	Organization			Designation		Da			To	otal Pe	riod
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2											
3											
4											
5											
	1. Provisioning of w	/rona	/ incomplete in	formation will m	erit	reiectic	n of	candid	ature.		

- 2. Attach attested copy of service discharge book.
- 3. Attach attested copies of courses and experience certificates.

App	licant's	Signatures.	

APPLICATION FORM FOR LECTURER ISLAMIC STUDIES

(To be filled by the Candidate)

(For Females
Optional)

Photo

Name.			S/					
CNIC	No			Dom	icile			
Date o	of Birth		Age as on	20.04.2024	Years_	M	onths	Days
Whats	App No			Email Address				
Postal	l Address.	·						
ACAD	EMIC QU	ALIFICAT	IONS					
De	egree	Year	Board	/ University		Total Marks	Marks Obt.	Grade/%
Matric								
Interm	ediate							
B.Com/BA/B.Sc								
BS (4 Years)								
MA Islamiyat								
MA Ara	abic							
Shahad Almia (ul-Mad	(Wafaq-							
Dars-e	-Nizami							
EXPE	RIENCE A	S LECTU	RER ISLAMIYAT					
S. No		Org	ganization	Designation	From	То	Tot	tal Period
1								
2								
3								
4								
5								
	Total I	Experience	e as Lecturer Islamiyat					
More p	apers can	be added	if required.	1				
NOTE.	Provision of	of wrong / i	ncomplete information merit	will rejection of candid	ature.			

Attach attested copies of CNIC, Courses and Experience certificates.

Apr-24

APPLICATION FORM FOR SUB ENGINEER (To be filled by the Candidate)

Paste Photo Here

Name	•			S/O					
CNIC	No		Domici	le				L	
Date o	of Birth		Age as o	n (Closing Date)	Yea	rs	_Months_	Days
Whats	App No		Email A	ddress					
	nent Address								
	Address								
	EMIC QUALIFICAT								
S No	Qualification		//University				Total Marks	Marks Obtain ed	Grade / Percentag e
1	Matric								
2	FA/F.Sc								
3	BA/B.Sc/B.Com								
4	MA/M.Sc/M.Com								
5									
PROF	ESSIONAL COURS	SES					,	1	
S No	Name of Course Ins			tution	From	ate To		Dura	tion
1	DAE (CIVIL)				1 10111	10			
2									
3									
4									
5									
	RIENCE AS SUB EI	NGINE	ER (CIVIL OI	NLY)					
					Da	ite			
S No	Organization			Designation	From	То		Total P	eriod
1									
2									
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4									
5									
NOTE.	1. Provisioning of v	vrong /	incomplete ir	nformation will m	erit rejectio	on of ca	ndidatur	9.	
	2. Attach attested of	copies o	or courses an	a experience ce	rπificates.				
					App	licant's	Signatur	es	

Dated. _____

APPLICATION FORM FOR PSYCHOLOGIST

(To be filled by the Candidate)

(For Females
Optional)

Photo

Name.			S/0	D-D/O					
CNIC	No			Domi	cile				
Date o	of Birth		Age as on 2	20.04.2024	Years_	M	onths	Days	
Whats	App No		E	mail Address					
Posta	l Address	•							
ACAD	EMIC QU	ALIFICAT	<u>IONS</u>						
De	egree	Year	Board A	/ University		Total Marks	Marks Obt.	Grade/%	
Matric									
Interm	ediate								
B.Com	/BA/B.Sc								
M.Sc (Psychology) MS (Psychology)									
	eling as								
Subjec	:t								
EXPE	RIENCE A	S PSYCH	<u>IOLOGIST</u>						
S. No		Org	ganization	Designation	From	То	Tot	al Period	
1									
2									
3									
4									
5									
			nce as Psychologist						
More p	apers can	be added	if required.						
NOTE.			incomplete information merites of CNIC, Courses and Exp		iture.				
Apr-24									
				Signatures					

APPLICATION FORM FOR JUNIOR CLERK (To be filled by the Candidate)

Paste Photo Here

Name.			S/O						
CNIC No.			Domicile Date of			irth		·	
Age as on (Closing Date)Years				MonthsDays WhatsApp No					
Perma	nent Address								
Postal	Address								
<u>ACADI</u>	EMIC QUALIFIC	CATION							
S No	Qualification Subjects			Board/Univers	ity	Marks Total Obtained		Grade / Percentage	
1	Matric								
2	Intermediate/ ICS								
3	BA/B.Sc/ B.Com/BCS								
4									
DIPLO	MA IN COMPU	TER SCIENCE MI	NIMU	M 1 YEAR					
				Institute		Period		Grade /	
S No	Certificate/Course Name					From	То	Percentage	
1									
2									
3									
EXPER	RIENCE AS CEL	_RK (IN EDUCAT	IONAI	L INSTITUTION)				
S No	Organization			Designation	Da	ate	Total	Total Period	
					From	То			
1									
2									
3									
4									
	 Provision of wrong / incomplete information merit WILL rejection of candidature. Attach attested copies of CNIC, Courses and Experience certificates. 								
	Applicant's Signatures.								
	Date								