CADET COLLEGE OKARA

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

Paste Photo Here

Name._____S/O_____

CNIC No. _____ Domicile _____ Date of Birth._____

Age as on (Closing Date)_____Years_____Months_____Days Cell No. _____

WhatsApp No._____ Email Address._____

Permanent Address._____

Postal Address. _____

ACADEMIC QUALIFICATION

S No	Qualification	Board/University	Marks		Remarks
			Total	Obtained	
1	Primary				
2	Middle				
3	Matric				

EXPERIENCE AS SWEEPER

S No	Organization	Designation	Date		Total Period
			From	To	
1					
2					
3					

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

Applicant's Signatures. _____

Date. _____

CADET COLLEGE OKARA

APPLICATION FORM FOR
LAB ATTENDANT (COMPUTER LAB)
(To be filled by the Candidate)

Name._____S/O_____

CNIC No. _____ Domicile _____ Date of Birth._____

Age as on (Closing Date)_____Years_____Months_____Days WhatsApp No._____

Permanent Address._____

Temoporary Address. _____

ACADEMIC QUALIFICATION

S No	Qualification	Subjects	Board/University	Marks		Grade / Percentage
				Total	Obtained	
1	Matric					
2	Intermediate/ ICS					
3	BA/BCS/ B.Com/B.Sc					
4						

ADDITIONAL COURSES/HARDWARE COURSE

S No	Certificate/Course Name	Institute	Marks		Grade / Percentage
			Total	Obtained	
1					
2					

EXPERIENCE

S No	Organization	Designation	Date		Total Period
			From	To	
1					
2					
3					

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

Applicant's Signatures. _____

Date. _____

CADET COLLEGE OKARA

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

Paste Photo Here

Name._____S/O_____

CNIC No. _____ Domicile _____ Date of Birth._____

Age as on (Closing Date)_____Years_____Months_____Days Cell No. _____

WhatsApp No._____ Email Address._____

Permanent Address._____

Postal Address. _____

ACADEMIC QUALIFICATION

S No	Qualification	Board/University	Marks		Remarks
			Total	Obtained	
1	Primary				
2	Middle				
3	Matric				

EXPERIENCE AS MALI

S No	Organization	Designation	Date		Total Period
			From	To	
1					
2					
3					

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

Applicant's Signatures. _____

Date. _____

CADET COLLEGE OKARA

APPLICATION FORM FOR ELECTRICIAN/GENERATOR OPERATOR
(To be filled by the Candidate)

Paste Photo Here

Name._____S/O_____

CNIC No. _____ Domicile _____ Date of Birth._____

Age as on (Closing Date)_____Years_____Months_____Days WhatsApp No._____

Permanent Address._____

Postal Address. _____

ACADEMIC QUALIFICATION

S No	Qualification	Subjects	Board/University	Marks		Grade / Percentage
				Total	Obtained	
1	Matric					
2	Intermediate					
3						
4						

ELECTRICAL TRADE CERTIFICATE/DAE (ELECTRICAL)

S No	Certificate/Course Name	Institute	Marks		Grade / Percentage
			Total	Obtained	
1					
2					
3					

EXPERIENCE AS ELECTRICIAN / GENERATOR OPERATOR

S No	Organization	Designation	Date		Total Period
			From	To	
1					
2					
3					
4					

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

Applicant's Signatures. _____

Date. _____

CADET COLLEGE OKARA

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

Paste Photo Here

Rank on Retirement _____

Name._____**S/O**_____

Served: Army, Navy, PAF, (Tick any one) **Service No.** _____

Trade _____**Corps/Badge**_____ **Total Service in Armed Forces:** _____Years_____Months.

CNIC No. _____ **WhatsApp No.**_____

Date of Birth._____**Age as on (Closing Date)** _____Years_____Months_____Days

Permanent Address_____

Postal Address _____

ACADEMIC QUALIFICATION

S No	Degree	Board/University	Total Marks	Marks Obtained	%age
1					
2					
3					
4					
5					

PROFESSIONAL COURSES

S No	Name of Course	Institution	Date From	Date To	Duration
1					
2					
3					
4					
5					

EXPERIENCE AS SECURITY GUARD/TRANSPORT EXPERIENCE

S No	Organization	Designation	Date From	Date To	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. _____

CADET COLLEGE OKARA

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

Paste Photo Here

Rank on Retirement _____

Name._____**S/O**_____

Served: Army, Navy, PAF (Tick any one)   **Service No.** _____

Trade _____**Corps/Badge**_____ **Total Service in Armed Forces:** _____**Years**_____**Months.**

CNIC No. _____ **WhatsApp No.**_____

Date of Birth._____ **Age as on (Closing Date)**_____**Years**_____**Months**_____**Days**

Permanent Address_____

Postal Address_____

ACADEMIC QUALIFICATION

S No	Qualification	Board/University	Total Marks	Marks Obtained	Grade/ Percentage
1					
2					
3					
4					

HORSE RIDING COURSE

S No	Name of Course	Institution	Date From	To	Duration
1					
2					
3					

EXPERIENCE AS INSTRUCTOR OF HORSE RIDING AT RIDING CLUB/MONA DEPOT

S No	Organization	Designation	Date From	To	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. _____

CADET COLLEGE OKARA

APPLICATION FORM FOR COMPUTER LAB ASSISTANT
(To be filled by the Candidate)

Name._____S/O_____

CNIC No. _____ Domicile _____ Date of Birth._____

Age as on (Closing Date)_____Years_____Months_____Days WhatsApp No._____

Email Address _____ Postal Address _____

Postal Address. _____

ACADEMIC QUALIFICATION

S No	Qualification	Subjects	Board/University	Marks		Grade / Percentage
				Total	Obtained	
1	Matric					
2	ICS					
3	BS (CS)					
4						
5						

DIPLOMA IN HARDWARE

S No	Certificate/Course Name	Institute	Period		Grade / Percentage
			From	To	
1					
2					
3					

EXPERIENCE AS LAB ASSISTANT

S No	Organization	Designation	Date		Total Period
			From	To	
1					
2					
3					
4					

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

Applicant's Signatures. _____

Date. _____

CADET COLLEGE OKARA

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

Paste Photo Here

Rank on Retirement _____

Name._____**S/O**_____

Served: Army, Navy, PAF (Tick any one)   **Service No.** _____

Trade _____**Corps/Badge**_____ **Total Service in Armed Forces: _____Years_____Months.**

CNIC No. _____ **WhatsApp No.**_____ **Date of Birth.**_____

Age as on (Closing Date)_____**Years_____Months_____Days**

Permanent Address_____

Postal Address_____

ACADEMIC QUALIFICATION

S No	Qualification	Board/University	Total Marks	Marks Obtained	Grade/ Percentage
1	Matric				
2	Intermediate				
3	B.A/B.Sc/B.com				
4					
5					

COURSE RELATED TO MESS SUPERVISOR

S No	Course Name	Institution	Total Marks	Marks Obtained	Grade/ Percentage
1					
2					

EXPERIENCE AS MESS SUPERVISOR

S No	Organization	Designation	Date From	Date To	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. _____

CADET COLLEGE OKARA

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

Name._____S/O_____

CNIC No. _____ Domicile _____ Date of Birth._____

Age as on (Closing Date)_____Years_____Months_____Days WhatsApp No._____

Email Address _____ Postal Address _____

Postal Address. _____

ACADEMIC QUALIFICATION

S No	Qualification	Subjects	Board/University	Marks		Grade / Percentage
				Total	Obtained	
1	Matric					
2	I.Com or D.Com					
3	B.Com					
4						

DIPLOMA IN COMPUTER SCIENCE MINIMUM 1 YEAR

S No	Certificate/Course Name	Institute	Period		Grade / Percentage
			From	To	
1					
2					
3					

EXPERIENCE AS ACCOUNTS CELRK (IN EDUCATIONAL INSTITUTION)

S No	Organization	Designation	Date		Total Period
			From	To	
1					
2					
3					
4					

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

Applicant's Signatures. _____

Date. _____

CADET COLLEGE OKARA

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

Paste Photo Here

Rank on Retirement _____

Name._____**S/O**_____

Served: Army, Navy, PAF (Tick any one)   Service No. _____

Trade _____**Corps/Badge**_____ **Total Service in Armed Forces:** _____**Years**_____**Months.**

CNIC No. _____ **WhatsApp No.**_____

Date of Birth._____**Age as on (Closing Date)** _____**Years**_____**Months**_____**Days**

Permanent Address_____

Postal Address _____

ACADEMIC QUALIFICATION

S No	Qualification	Board/University	Total Marks	Marks Obtained	Grade / Percentage
1					
2					
3					
4					
5					

PROFESSIONAL COURSES

S No	Name of Course	Institution	Date From	To	Duration
1					
2					
3					
4					
5					

EXPERIENCE AS SECURITY SUPERVISOR INCLUDING MT SUPERVISION

S No	Organization	Designation	Date From	To	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. _____

CADET COLLEGE OKARA

APPLICATION FORM FOR LECTURER ISLAMIC STUDIES
(To be filled by the Candidate)

Name._____**S/O-D/O**_____

CNIC No. _____ **Domicile** _____

Date of Birth._____. **Age as on 20.04.2024**_____**Years**_____**Months**_____**Days**

WhatsApp No._____ **Email Address.**_____

Postal Address._____

ACADEMIC QUALIFICATIONS

Degree	Year	Board / University	Total Marks	Marks Obt.	Grade/%
Matric					
Intermediate					
B.Com/BA/B.Sc					
BS (4 Years)					
MA Islamiyat					
MA Arabic					

Shahadat ul Almia (Wafaq-ul-Madaris)					
Dars-e-Nizami					

EXPERIENCE AS LECTURER ISLAMIYAT

S. No	Organization	Designation	From	To	Total Period
1					
2					
3					
4					
5					
	Total Experience as Lecturer Islamiyat				

More papers can be added if required.

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

Apr-24

Signatures. _____

CADET COLLEGE OKARA

(To be filled by the Candidate)

Paste Photo Here

Name._____S/O_____

CNIC No. _____ Domicile _____

Date of Birth._____ Age as on (Closing Date) _____Years_____Months_____Days

WhatsApp No._____ Email Address _____

Permanent Address_____

Postal Address _____

ACADEMIC QUALIFICATION

S No	Qualification	Board/University	Total Marks	Marks Obtained	Grade / Percentage
1	Matric				
2	FA/F.Sc				
3	BA/B.Sc/B.Com				
4	MA/M.Sc/M.Com				
5					

PROFESSIONAL COURSES

S No	Name of Course	Institution	Date From	Date To	Duration
1	DAE (CIVIL)				
2					
3					
4					
5					

EXPERIENCE AS SUB ENGINEER (CIVIL ONLY)

S No	Organization	Designation	Date From	Date To	Total Period
1					
2					
3					
4					
5					

NOTE. 1. Provisioning of wrong / incomplete information will merit rejection of candidature.
2. Attach attested copies of courses and experience certificates.

Applicant's Signatures. _____

Dated. _____

CADET COLLEGE OKARA

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

Name._____S/O-D/O_____

CNIC No. _____ Domicile _____

Date of Birth._____. Age as on 20.04.2024_____Years_____Months_____Days

WhatsApp No._____ Email Address._____

Postal Address._____

ACADEMIC QUALIFICATIONS

Degree	Year	Board / University	Total Marks	Marks Obt.	Grade/%
Matric					
Intermediate					
B.Com/BA/B.Sc					
M.Sc (Psychology)					
MS (Psychology)					

Counseling as Subject					

EXPERIENCE AS PSYCHOLOGIST

S. No	Organization	Designation	From	To	Total Period
1					
2					
3					
4					
5					
	Total Experience as Psychologist				

More papers can be added if required.

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

Apr-24

Signatures. _____

CADET COLLEGE OKARA

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

Paste Photo Here

Name._____S/O_____

CNIC No. _____ Domicile _____ Date of Birth._____

Age as on (Closing Date)_____Years_____Months_____Days WhatsApp No._____

Permanent Address._____

Postal Address. _____

ACADEMIC QUALIFICATION

S No	Qualification	Subjects	Board/University	Marks		Grade / Percentage
				Total	Obtained	
1	Matric					
2	Intermediate/ ICS					
3	BA/B.Sc/ B.Com/BCS					
4						

DIPLOMA IN COMPUTER SCIENCE MINIMUM 1 YEAR

S No	Certificate/Course Name	Institute	Period		Grade / Percentage
			From	To	
1					
2					
3					

EXPERIENCE AS CELRK (IN EDUCATIONAL INSTITUTION)

S No	Organization	Designation	Date		Total Period
			From	To	
1					
2					
3					
4					

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

Applicant's Signatures. _____

Date. _____