APPLICATION FORM FOR FACULTY

(To be filled by the Candidate)

(For Females

Photo Here

Subject (Ap	oplied for)					Optionary	
Name			D-D/O					
CNIC No				Domici	le			
Date of Bir	th	Age as on 0	05-01-2021Years			MonthsD		
WhatsApp	No	E	mail Addre	ss				
Postal Add	ress							
ACADEMIC	QUALIF	ICATIONS.						
Degree	Year	Board / University		Total Marks	Marks Obt.	%age	% Out of 10	
Matric								
FA/FSc								
BA/BSc								
Total								
Degree	Year	University		Total Marks/CG PA	Marks Obt/ CGPA	%age	% Out 20 & BS (4 Yrs) % Out of 30	
MA/MSc								
BS (4 Years)								
Total								
		=10, FA/FSc=10,BA/BSc=10, MA/ S) 30 IN PLACE OF BA/BSC & M/						
Degree	Year	University	AVIVISC)		Total Mark	s/	Marks Obtained	
M.Phil.	I Cai	Oniversity			CGPA		/CGPA	
PhD Others								
Others								
Total								
EXPERIEN	CE						1	
S. No		Organization	Design	ation	From	То	Total Period	
1								

More papers can be added if required.

2

3

NOTE. Provision of wrong / incomplete information merit rejection of candidature.

Signatures.		
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			T				
CGPA (CONVERSION TAB	LE	CGPA CONVERSION TABLE for Total CGPA 5				
fo	or Total CGPA 4						
1	2	3	1	2	3		
If	Formula	Marks %age	If	Formula	Marks %age		
cgpa>=3.63	(cgpa-0.3)/0.037		cgpa>=4.63	(cgpa-1.3)/0.037			
cgpa>=3.25	(cgpa-0.29)/0.037		cgpa>=4.25	(cgpa-1.29)/0.037			
cgpa>=2.88	(cgpa-0.36)/0.036		cgpa>=3.88	(cgpa-1.36)/0.036			
cgpa>=2.5	(cgpa-0.28)/0.037		cgpa>=3.5	(cgpa-1.28)/0.037			
cgpa>=1.8	(cgpa+1.65)/0.069		cgpa>=2.8	(cgpa+0.65)/0.069			
cgpa>=1	(cgpa+2.16)/0.079		cgpa>=2	(cgpa+1.16)/0.079			
cgpa>0	(cgpa/0.248)		cgpa>0	(cgpa-1/0.0248)			

APPLICATION FORM FOR MEDICAL OFFICER

(To be filled by the Candidate)

(For Females
Optional)

Photo Here

Subject (Ap	plied for)								
Name		S/C)-D/O							
CNIC No			Domicile							
Date of Birt	h	Age as on 0	05-01-2021Ye		_Years	Mon	thsD	Days		
WhatsApp I	No	E	mail Addres	ss						
Postal Addı	ress									
ACADEMIC	QUALIF	ICATIONS.								
Degree	Year	Board / University		Total Marks	Marks Obt.	%age	% Out of 1	0		
Matric										
FA/FSc										
BA/BSc										
Total										
Degree	Year	University		Total Marks/CG PA	Marks Obt/ CGPA	%age	% Out 20 & (4 Yrs) % O of 30			
MA/MSc							0.00			
BS (4 Years)										
Total										
	•	=10, FA/FSc=10,BA/BSc=10, MA/ S) 30 IN PLACE OF BA/BSC & MA	•							
Degree	Year	University	-VW3C)		Total Mark	s/	Marks Obtaine	ed		
M.Phil.		- Cimvolony			CGPA		/CGPA			
PhD										
Others										
Total										
EXPERIENC	<u>, E</u>	Organization	Danisana	ıti o m		To	Total Davis			
S. No		Organization	Designa	ition	From	То	Total Perio)a		
2										
3 More papers	can he a	dded if required.								
more papers	Juli De al	aasa ii roquitou.								

Signatures. ___

NOTE. Provision of wrong / incomplete information merit rejection of candidature.

APPLICATION FORM FOR NETWORK ADMINISTRATOR

(To be filled by the Candidate)

Photo Here
(For Females
Optional)

Subject (Ap	oplied for))	_							
Name		S/O	-D/O							
CNIC No			Domicile							
Date of Bir	th	Age as on 0	5-01-2021	-01-2021Years			Months			
WhatsApp	WhatsApp No		mail Address							
Postal Add	ress									
ACADEMIC	QUALIFI	CATIONS.								
Degree	Year	Board / University		otal arks	Marks Obt.	%age	% O	ut of 10		
Matric										
FA/FSc										
BA/BSc										
Total										
Degree	Year	University	Mar	otal ks/CG PA	Marks Obt/ CGPA	%age	e (4 Yrs	t 20 & BS s) % Out of 30		
MA/MSc										
BS (4 Years)										
Total										
		=10, FA/FSc=10,BA/BSc=10, MA/I 3) 30 IN PLACE OF BA/BSC & MA								
Degree	Year	University	Total Mar CGPA			ks/ Marks Obtain				
M.Phil.										
PhD										
Others										
Total										
EXPERIEN	CE									
S. No		Organization	Designatio	n	From	То	Total	l Period		
1										
2										
3										
More papers	can be ad	ded if required.		<u>'</u>						

Signatures.

NOTE. Provision of wrong / incomplete information merit rejection of candidature.

APPLICATION FORM FOR DRILL INSTRUCTOR

Paste	Photo
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Applicant's Signatures. _____

Date. _____

Rank	Here							
Name.	•		S/O					
	d: Army, Navy, PAF (T							
	Corps/Badge					_	Months.	
CNIC	CNIC No WhatsApp No							
Date o	Date of BirthAge as on (Closing Date)YearsMonthsDays							
Perma	nent Address							
	Address							
	EMIC QUALIFICATION							
S No			ersity	Tota Mark	Obi	arks taine d	Grade/ Percentage	
1								
2								
3								
4								
5								
PROF	ESSIONAL COURSES RE	LATED TO [RILL INSTRUC	TOR				
S No	Name of Course	Inst	itution	D a From	nte To	D	uration	
S No 1	Name of Course	Inst	itution	Da From		D	uration	
	Name of Course	Inst	itution			Di	uration	
1	Name of Course	Inst	itution			Di	uration	
1 2	Name of Course	Inst	itution			Di	uration	
1 2 3	Name of Course	Inst	itution			Di	uration	
1 2 3 4 5	Name of Course			From		Di	uration	
1 2 3 4 5				From STITUTE Da	To		uration	
1 2 3 4 5 EXPER	RIENCE AS DRILL INSTR		PMA/OTHER IN	From STITUTE	То			
1 2 3 4 5 EXPERS NO 1	RIENCE AS DRILL INSTR		PMA/OTHER IN	From STITUTE Da	To			
1 2 3 4 5 EXPER S No 1 2	RIENCE AS DRILL INSTR		PMA/OTHER IN	From STITUTE Da	To			
1 2 3 4 5 EXPER S No 1 2 3	RIENCE AS DRILL INSTR		PMA/OTHER IN	From STITUTE Da	To			
1 2 3 4 5 EXPER S No 1 2 3 4	RIENCE AS DRILL INSTR		PMA/OTHER IN	From STITUTE Da	To			
1 2 3 4 5 EXPER S No 1 2 3 4 5	RIENCE AS DRILL INSTR	UCTOR AT F	PMA/OTHER IN	STITUTE Da From	te To	Tota		

APPLICATION FORM FOR ELECTRICIAN/GENERATOR OPERATOR

(To be filled by the Candidate)

Paste Photo Here

Name.				S/O				
CNIC N	lo	Dor	nicile	e	Date of Bi	irth		
Age as	on (Closing Da	ate)Years	S	Months	Days	WhatsAp	p No	
Perma	nent Address							
Postal	Address							
ACADE	EMIC QUALIFIC	ATION						_
S No	Qualification	Subjects		Board/Univers	ity	M Total	arks Obtained	Grade / Percentage
1	Matric							
2	Intermediate							
3								
4								
ELECT	RICAL TRADE	CERTIFICATE/DAI	E (EL	<u>-ECTRICAL)</u>				
S No	Certificate/Cou	ırse Name	Inst	itute	-		larks	Grade /
1						Total	Obtained	Percentage
2								
3								
EXPER	IENCE AS ELE	CTRICIAN / GENE	RAT	OR OPERATO	<u>R</u>			
S No	Organization			Designation	Da From	te To	Tota	al Period
1					110111	10		
2								
3								
4								
NOTE	1 Provision of wr	ong / incomplete infor	rmatic	on merit WILL re	iection of car	ndidature		
		copies of CNIC, Cou				iaidatai 6.		
	Applicant's Signatures							

Date. _____

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

Paste Photo

Applicant's Signatures. _____

Date. __

		<u></u>		<u> Januluate</u>			Here
Rank	on Retireme	ent					
Name.	·		S/O				
Serve	d: Army, I	Navy, PAF, (Tick any one)) Service N	o			
Trade		_Corps/Badge	_ Total Service	in Armed Fe	orces:	_Years	Months.
CNIC	No	Whats	App No				
Date o	of Birth	Age as on	(Closing Date)		Years	_Months	Days
Perma	nent Addre	9SS					
ACAD	EMIC QUAL	<u> IFICATION</u>					
S No	Degree Board/University			Total Marks	Marks C	Obtained	%age
1							
2							
3							
4							
5							
PROF	ESSIONAL	<u>COURSES</u>					
	Name of Course			_	To Du		
S No	Name of Co	ourse	Institution	From		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 IENCE	To Date		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 IENCE	To Date		
1 2 3 4 5 EXPER S No 1 2	RIENCE AS	SECURITY GUARD/TRAN	SPORT EXPER	From IENCE	To Date		
1 2 3 4 5 EXPER S No 1	RIENCE AS	SECURITY GUARD/TRAN	SPORT EXPER	From IENCE	To Date		
1 2 3 4 5 EXPER S No 1 2 3	RIENCE AS	SECURITY GUARD/TRAN	SPORT EXPER	From IENCE	To Date		
1 2 3 4 5 S No 1 2 3 4 5 5	Organization 1. Provision	SECURITY GUARD/TRAN	SPORT EXPER Designation	IENCE From	Date To	Tota	

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

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Name.				S/O				
CNIC N	No	Dor	nicil	e	Date of B	irth		
Age as	on (Closing D	ate)Years	5	Months	Days	WhatsAp	p No	
Perma	nent Address							
Postal	Address							
ACADI	EMIC QUALIFIC	CATION						
S No	Qualification	Subjects		Board/Univers	ity	M Total	arks Obtained	Grade / Percentage
1	Matric							
2	Intermediate/ ICS							
3	BA/B.Sc/ B.Com/BCS							
4								
DIPLO	MA IN COMPUT	TER SCIENCE MIN	IMUI	W 1 YEAR				
				estitute		Pe	eriod	Grade /
S No	Certificate/Col	irse name	inst	Stitute		From	То	Percentage
1								
2								
3								
EXPER	RIENCE AS CEL	RK (IN EDUCATIO	NAL	. INSTITUTION)			_
S No	Organization			Designation	Da	ate		l Period
3 140	Organization			Designation	From	То	Tota	TT enou
1								
2								
3								
4								
NOTE.		rong / incomplete infor I copies of CNIC, Cou				ndidature.		
					Арр	licant's Sig	natures	
	Date							

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

License Holder. LTV_____HTV_____PSV_____ (Copy must be attached)

Paste Photo Here

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 1 Middle 2 Matric 3 Intermediate 4 BA/B.Sc/ B.Com COURSES S No Certificate/Course Name Institute Marks Grade / Percentage 1 Marks Grade / Percentage							•		
S No	Name.				S/O				
Permanent Address. ACADEMIC QUALIFICATION S No Qualification Subjects Board / University Marks Grade / Percentage 1 Middle 2 Matric 3 Intermediate 4 BA/B.Sc/ B.Com COURSES S No Certificate/Course Name Institute Marks Grade / Percentage 1 Course Name Institute Total Obtained Percentage EXPERIENCE AS DRIVER S No Organization Designation Date From To Total Period	CNIC I	No	Doı	micil	e	Date of B	irth		
Postal Address.	Age as	s on (Closing D	ate)Years	S	Months	Days.	. WhatsAp	p No	
S No Qualification Subjects Board / University Total Obtained Percentage 1 Middle 2 Matric 3 Intermediate 4 BA/B.Sc/ B.Com COURSES S No Certificate/Course Name Institute Marks Total Obtained Percentage 1 2 EXPERIENCE AS DRIVER S No Organization Designation Date From To 1 Total Period	Perma	nent Address							
S No	Postal	Address							
S No Qualification Subjects Board / University Total Obtained Percentage 1 Middle 2 Matric 3 Intermediate 4 BA/B.Sc/ B.Com COURSES S No Certificate/Course Name Institute Marks Total Obtained Percentage 1 2 EXPERIENCE AS DRIVER S No Organization Designation Date From To 1 Total Period	<u>ACAD</u>	EMIC QUALIFIC	ATION						_
Middle	S No	Qualification	Subjects		Board / Univer	sitv	Marks		
2 Matric	0 110	Quannoacion	Subjects		Dualu / Ollivoi	Sity	Total	Obtained	Percentage
3 Intermediate 4 BA/B.Sc/B.Com COURSES S No Certificate/Course Name Institute Marks Grade / Percentage 1 Designation Designation Date From To Total Period Total Period Total Period	1	Middle							
BA/B.Sc/ B.Com	2	Matric							
COURSES S No Certificate/Course Name Institute Marks Total Obtained Grade / Percentage 1 2 Designation Date Total Period Total Period 1 1 Total Period Total Period	3								
S No Certificate/Course Name Institute Marks Total Grade / Percentage 1 2 S No Date From To Total Period 1	4								
S No Certificate/Course Name Institute Marks Total Grade / Percentage 1 2 S No Date From To Total Period 1	COUR	SES							
Total Obtained Percentage 1 2 EXPERIENCE AS DRIVER S No Organization Designation From To 1 Total Period 2 Total Period			irsa Nama	Ins	tituta				
EXPERIENCE AS DRIVER S No Organization Designation Date Total Period Total Period Total Period	3 140	Gertificate/Got		1113	e		Total	Obtained	Percentage
EXPERIENCE AS DRIVER S No Organization Designation To 1	1								
S No Organization Designation Date From To 1	2								
S No Organization Designation From To Total Period 1 2	EXPER	RIENCE AS DRI	<u>VER</u>						
1 From To 2 Prom To	S No	Organization			Designation	Da	ite	Total	Period
2	ONO	Organization			Designation	From	То	Total	Cilou
	1								
3	2								
	3								

- $\underline{\textbf{NOTE.}} \hspace{0.1in} \textbf{1. Provision of wrong / incomplete information merit will rejection of candidature.}$
 - 2. Attach attested copies of CNIC, Driving License, Courses and Experience certificates.

Applicant's Sig	natures	-
Date		

APPLICATION FORM FOR HORSE RIDING COACH

:	(To be filled by the Candidate)	Paste Piloto
Rank on Retirement		Here
Name	S/O	
Served: Army, Navy,	PAF (Tick any one) Service No.	

Served: Arm	ny, Navy, PAF (Tick a	ny one) Service No			
Trade	Corps/Badge	Total Service in Arm	ed Forces:	Years	Months
CNIC No		WhatsApp No			
Date of Birth.	A	ge as on (Closing Date)	Years	Months	Days
Permanent A	ddress				
Postal Addre	ss				

ACADEMIC QUALIFICATION

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

HORSE RIDING COURSE

S No	Name of Course	Institution	Date		Barra Carr	
			From	То	Duration	
1						
2						
3						

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

S No	Organization	Designation	Date		Total Period	
			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 MALI (To be filled by the Candidate)

Paste P	hoto I	Here
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Name.			S/O					
CNIC I	No	Domicil	le	_ Date of Bi	rth			
Age as	s on (Closing Date)Years	Months	Days	Cell No			·
Whats	App No		Email Add	lress				
Perma	nent Address							
Postal	Address.							
ACAD	EMIC QUALIFICAT	<u>'ION</u>						_
S No	Qualification	Board/University		_	M	arks	R	emarks
0 110	Quamiounon	Board/Offiveroity			Total	Obtaine	ed	marks
1	Primary							
2	Middle							
3	Matric							
EXPER	RIENCE AS MALI					ı		
S No	Organization		Designation	Date		Total Perio		d
				From	То			
1								
2								
3								
NOTE.		/ incomplete informati pies of CNIC, Courses			ıre.			
				Appl	icant's Sig	natures		
	Date							