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| To, The Director, Border Health Services-Pakistan, Block No. 47, Pakistan Secretariat, Saddar Karachi | Application for the post of _____ | Roll Number _____ (For Office Use Only) | Passport size Photograph affixed with gum |
|--|--|---|---|

APPLICATION FORM FOR RECRUITMENT

1. Name (in full) _____ 2. Father's Name _____
3. Date of Birth (dd-mm-yyyy) _____ 4. Disabled (Yes /No) _____
5. Postal Address (for mail) _____
6. Permanent Address _____
7. Religion _____ 8. Gender _____ 9. Marital Status _____
10. Domicile _____ 11. Telephone/ Cell No. _____ 12. E-mail _____
13. CNIC No.

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|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|

 14. Government Servant (Yes /No) _____
(with continue service two year)

14. ACADEMIC INFORMATION

| Certificate Degree | Degree Title | Major Subject | Passing Year | Total Mark | Marks Obtained | Name of Institution |
|-------------------------------|--------------|---------------|--------------|------------|----------------|---------------------|
| M-SC / O Level | | | | | | |
| M-SSC / DAE / A-Level | | | | | | |
| Bachelor | | | | | | |
| Bachelor (Hons) /Master | | | | | | |
| M-Sc / M. Phil | | | | | | |
| Phd | | | | | | |
| Other (Diploma / Certificate) | | | | | | |

15. PROFESSIONAL EXPERIENCE

| Name of Post | Organization Name | Duration | Job Description |
|--------------|-------------------|----------|-----------------|
| | | | |
| | | | |
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16. UNDERTAKING BY APPLICANT

I, _____ d/s/w _____ of do hereby solemnly affirm that all information, provided by me, in this Application Form is true and correct to the best of knowledge and belief. If this found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature at any stage.

Date: _____

PID(I)4672/22

Signature _____