FATA University, FR Kohat

PHOTO 02

1. Attested Front
2. Attested Back

**APPLICATION FORM FOR**

**CONTRACT EMPLOYMENT IN BPS 1-16**

**Post Applied for**

**Please type or print clearly and attach attested copies of the requisite testimonials/documents herewith. Use additional sheets if required**

# Name:

**(in capital letters)**

1. **Father’s Name:**

**(in capital letters)**

1. **Gender: (Please Tick)**

# Male Female 4. C N.I.C. No.

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1. **Mailing Address:**

(for correspondence)

1. **Permanent Address:**
2. **Mobile / Cell No.**

# 9. Date of Birth

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **-** |  |  | **-** |  |  |  |  |

**11. Nationality:**

# 8. E-Mail:

**10. (Age on closing**

**date)**

1. **Domicile**

**Year Months Days**

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

1. **Marital Status 14. Religion**
2. **ACADEMIC QUALIFICATION:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S#** | **Examination** | **Board/****University** | **Year of****Passing** | **Attempt** | **Total Marks** | **Obtained****Marks** | **Division/****Grade** | **Distinction, if any** |
|  |  |  |  |  |  |  |  |  |

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1. **Professional Qualification/Training/Certification/Others, if any;**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of Institution** | **Type of training / course** | **Duration** | **Diploma or Certificate obtained** |
| **From** | **To** |
|  |  |  |  |  |  |

1. **Employment Record:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S#** | **Name of Institution/ Organization** | **Duration** | **Designation** | **BPS** | **Nature of Job Permanent/ Temporary** | **Job Description** |
| **From** | **To** |
|  |  |  |  |  |  |  |  |

1. **List of testimonials/documents attached:**

I hereby solemnly declare that all the entries/information provided by me in this application form and all the additional particulars (if any) furnished along-with it, are correct & true in all respect. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

I further confirm that I understand and undertake that this application form is purely for contract employment and shall not be claimed or counted towards regularization.

**Date: / /**

**Signature of Applicant**