

F. No. 2-24/2018-Admn-II
GOVERNMENT OF PAKISTAN
MINISTRY OF INTER PROVINCIAL COORDINATION

...

Paste one
passport size
photograph

APPLICATION FORM

Post Applied for _____

Name of Applicant _____

Father's Name _____

Gender (M/F) _____

CNIC No. _____

Date of Birth _____

Age as on 03.08.2020 _____

Qualification _____

Additional Qualification _____

Domicile _____

Mailing Address _____

City _____

Contact No. _____

Email address (if any) _____

Declaration: I have read the terms and conditions contained/explained in the advertisement and have no objection and submit this application according to these terms and conditions. Further, I certify that all information provided by me, in this application form is true and correct to the best of my knowledge and belief.

Date _____ Applicant Signature _____

(FARHAN AKHTAR)
SECTION OFFICER (ADMN-II)
Ministry of Inter Provincial Coordination
Room. No. 8, Hall-A, 2nd Floor, New Secretariat,
Kohsar Block, Islamabad.
Tele: 051-9103517