



## CAPITAL DEVELOPMENT AUTHORITY

Form No	Through Proper Channel (Yes/No) (NOC Attached or not) (Yes/No)						
(Form to be filled in Block Letters)							
POST APPLIED FOR							
NAME				$\Box$		7	
						<u> </u>	
EATHED /		<del></del>				Paste Photograph	
FATHER / HUSBAND NAME		<del>                                     </del>	+++	++++		(1'x1')	
			<u> </u>		1 1 1 1	<b>-</b>	
CNIC#		-		-			
POSTAL ADDRESS							
DATE OF BIRTH	-		(dd-n	mm-yyyy) Age(	on closing da	te)	
DOMICILE			I	DISTRICT			
TELEPHONE #	OFFICE	<del></del>		НОМЕ		<del> </del>	
TEEETTOTAE "	CELL#						
a.Qualification(start with highest qualification)							
Degree/	9	rks Obtained/	Divisio	n Grade M	Major Subjects		
Certificate	Year Total	Marks or CGPA	<u> </u>			University	
Registration No. (in case registered with PMDC/PEC/PCATP/Nursing Council							
b.Computer Literacy or Any Other Course/Diploma (if any)							
Course / Certificate/Diploma	Duration			Passing /Qualifying Year		Institution	
Germente, Diploma				/ Qualifying Tear			
Note:Also indicate merit position obtained							
Experience(if any):							
Position	From-To		Total Period of Service		mental f Work	Organization	
	+		or service		1 11 0111		
Declaration	The information's given above is correct to the best of my Knowledge & belief. In case of any concealment of informations, I will be liable to be disqualified from the Test/interview						
DATE OF APPLICATION	N   -   -   -			A	Applicant's Signature		
	(dd-mm-yyyy)						
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