APPLICATION FORM

(For the Post of Driver)

1. Name of Candidate : _____

2. Father's Name: _____

3. Date of Birth:_____

4. Domicile: _____

5. CNIC No:_____

6. Contact No:_____

7. Religion : _____

8. Zone:_____

Photograph

9. **EDUCATIONAL QUALIFICATIONS:**

S.No.	Name of Qualification	Year of Passing	University/Board/School	Class/Division
1.				
2.				
3.				

10. **PROFESSIONAL QUALIFICATIONS** :

S.No.	Type of License	Year of Issuance	Year of Expiry	Place of Issue
1.				
2.				
3.				

11. **ADDRESS:**

    a. Postal Address :_____

_____

    b. Permanent Address : _____

_____

_____
Signature of Candidate