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Full Name a NIC (In Block Letters)		:																
Other Name	S	:				. — — - . — — -		. <u>—</u> —	. — — ·									_
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(<u>Important</u> -. Further correspondent will be made to you via your Email address. Therefore, your Email address should be mentioned correctly and legibly)

_____ Province :

District:

4	Highest Educa	tion Qualificat	ion	:_					
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	A	O	/ 0						
	G C E (O/L)	Qualificatio	ns (Co	opies of (certificates sh		ned))	
5	Sı	ubject		Grade	Ind	lex No		Y	ear
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6	G C E (A/L) Index No	:				Year :			
	S	Subject		Grade	S	Subject	-	(Grade
	University E	ducation (De	grees,	Diploma	as etc.)(<i>Copie</i> s	s of certificate	es si	hould be	•
	attached)								
	Name of the	University/		Por	riod	Field of	D	esults	Effective
7	Name of the Degree/	Institution				Degree	(ir	ndicate	Date
	Diploma		1	From nm/yyyy)	To (dd/mm/yyyy)			lass or Grade)	
			<u> </u>	, , , , ,					

Postgraduate Qualifications (Postgraduate Diplomas, Master Degrees, Ph.D. etc.) (Copies of certificates should be attached)

8	Name of the Degree/ Postgraduate Diploma	University/ Institution	Per	riod	Subject Area/s	Effective Date
	1 ostgradate Diploma	modeadon	From	То	711 Ca/ 5	Date
			(dd/mm/yyyy)	(dd/mm/yyyy)		

Professional Qualifications (Examination/Memberships of Professional Bodies (Associate/Corporate Membership etc.) (Copies of certificates should be attached)

9	Institution	Name of the Examination/Membership	Membership Category	Effective Date
		ZXXIIIII ACIONI, FICINI DCI SIND		

Training Programmes/Workshops/Seminars/Conferences participated: (Copies of certificates should be attached)

10	Name of the Training Programme/Workshops etc.	Institution	Period

Employment History (a) Present Post:(Copy of Service certificate or Appointment attached) Post Institution Period From (dd/mm/yyyy) (dd, gd/mm/yyyy) (dd, gd/		
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	dd/mm/yyyy)	

Extra Curricular Activities:

		Category	T-	ype	Achievement	Date/Year
	De	tails of two non rela	ted refere	es:		
	No.	Name & Position		Official Ac	ldress & Tele. Nos.	Residential Address & Tele. N
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Ι	herel	by certify that the pai	ticulars su	bmitted by	me in this applicat	ion are true and accurate. I
a	m aw	vare that if any of the	se particul	ars are fou	nd to be false or i	naccurate, I am liable to be
d	lisqua	lified before selection	and to be	dismissed	without any compe	ensation if the inaccuracy is
d	letecte	ed after appointment.				

Signature of the applicant: _____ Date: _____