For Office Use	

## Appointment to the Post of Supervisory Management Assistant (Technical) Supra Grade (Special Class) in the Department of Cultural Affairs

1.0.	Pers	onal Details:		
	i.	Name in Full	:	
	ii.	Name with initials (Mr.Mrs.Miss)	:	
	iii.	Permanent Address	:	
	iv.	Gender (Pl. indicate in the box)	Male - 0 Female - 1	
	v.	. Marital Status (Pl. indicate in the box) Married -0 Unmarried -1		
	vi.	Date Of Birth	: Year : Month : Date :	
	vii.	Age as at 16.12.2022	: Years : Dates :	
	viii.	National Identity Card No.		
2.0.				
	i.	First Appointment Date	:	
	ii.	Current Position	:	
	iii.	Whether this post belongs to Central Government or Provincial Service :		
	iv.	Grade :	. Class/Segment:	
	v.	Date appointed to the current post	:	
	vi.	Date confirmed in the post	:	
	v.	Salary Code	:	
	vi.	Salary Scale	:	

3.	0	Certification	of the	Applicant	:
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Please place the official frank

I declare that during the six years immediately preceding the date of **16.12.2022** I have earned all increments and that I have completed an active and satisfactory period of service as at 16.12.2022 as per paragraph 2.0 of the notification. I have not been subjected to any form of disciplinary punishment (Except warning) for any offence. I agree to be bound by decisions taken by the Secretary of the Public Services Commission on the appointments.

	I hereby confirm that the particulars furnished by me in knowledge. I am aware that if any information contained in liable to disqualification if the inaccuracy is revealed befor appointment.	the application is found to be incorrect or false, I will be
	Date	Signature of the applicant.
4.0	Certification of the Head of the Department (Referring to t	ne personal file) :
	I hereby certify that Mr./Mrs./Miss	in the Department/ Ministry under the Central Government/ Provincial Council searned all salary increments (except the increment that Examinations) during the period of 6 years immediately iplinary punishment (Except warnings), and has completed rs as per the paragraph 2.0 of the notification. He/she is
	 (Sign:	ature of the Head of Department/ Authorized Officer)
desig	e:	•
	:, te the official stamp)	
5.0	Recommendation of the Head of the Institution - for the	ose in the service :
	I hereby certify that Mr./Mrs./Missthis institute. The particulars furnished by him/her are correcharges made against him/her and he/she can be released f this post.	ect and his/her work and attendance is satisfactory. No any
		Signature of the Head of the Institution
Nam		6 · · · · · · · · · · · · · · · · · · ·
	gnation:	
Addı Date		
	•	