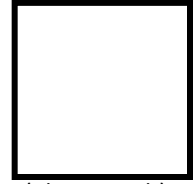


## APPLICATION FORM FOR THE POST OF

---



(Photograph)

1. Name \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Nationality \_\_\_\_\_
5. CNIC No. \_\_\_\_\_
6. National Tax No. \_\_\_\_\_
7. Full Mailing address (with Telephone-landline & Mobile No. and E-Mail address)  
\_\_\_\_\_  
\_\_\_\_\_

8. Educational & Professional Qualification (From Graduation)

S.No	Certificates / Degree	University/Institute	Year of Passing	Division/Class

9. Work Experience

S.No	Organization	Post Held	Period		Work / Assignments
			From	To	

10. Fitness for the job in line with the qualification/experience mentioned in advertisement against the post.

---

---

11. Strategic vision for improving the performance and financial position of PRACS.

**Attachment / Annexures**

---

---

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

CNIC #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

(Note: Any information not provided will render the application incomplete and liable for rejection)