

Controller General of Accounts JOB APPLICATION FORM

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3		Po	Position Applied for							
		U	nder Quota							
		Na	me of off	ice applied _						
1)	PERSONAL INFORMATION:									
		plicant Name								
	F	ather Name								Paste a Passport
		CNIC No.								size Photograph
	Dom	nicile (Province)	Domicile (District)							
	Gender		Disability (If any)							
	Date of Birth									
	Postal Address									
	Email									
	Contact No		Mob			Res				
2)	FDI	LICATIONAL BAC	KGBOLIN	ID/OLIALIEICA	ATION (Not	e. Please st	art from H	iahest deare	e ohtaine	d)
Ĺ	No Degree Na				TION (Note: Please start from Highest de ar Institution and Campus				Division / Grade / CGPA	
			Tassing Tea		cai III	Institution and Campus				
	I.									
-	II.									
_	III. IV.									
-	V.									
	VI.									
_ 3)	PRO	OFESSIONAL EXP	ERIENCE	(For Telephoi	ne Operator)		I		
Ī	No. Organizat				ignation	Date		Key Res		oonsibilities
	I.					From	То			
ŀ	II.									
						1	1	1		
4) a)		KNOWLEGMENT certify that all the			 '	o the best o	of my know	ledge.		
b)		uthorize investig		all the stateme	ents combin	ed in this ap	pplication	as may be ne	cessary in	arriving at an
c)		nployment decisi the event of emp		, I understand	that false or	r misleading	g informati	ion given in a	pplication	n may result in
,		scharge.	. 3	,		•	5	8	11	J
I	Note:	* Attach attested	d copies o	of CNIC, (03)	three latest	passport siz	ze			