



Application Form for Employment

Post Applied for:	<input type="text"/>	Date:	<input type="text"/>	<div>Photograph</div>	
Name:	<input type="text"/>	Father Name:	<input type="text"/>		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	CNIC Number	<input type="text"/>		
Address:	<input type="text"/>		Local/Domicile		<input type="text"/>
Phone (Res)	<input type="text"/>	Cell No:	<input type="text"/>	Email ID:	<input type="text"/>
Total Experience	<div>Year: <input type="text"/></div>				
Qualification:	<div>Academic <input type="text"/></div>		<div>Technical <input type="text"/></div>		
Language Proficiency (1 - 5):					
<input type="checkbox"/> Urdu <input type="checkbox"/> English <input type="checkbox"/> Pashto <input type="checkbox"/> Balochi <input type="checkbox"/> Brahvi Any Other: <input type="text"/>					

Experience:

Designation	Organization	Duration

Training Received:

Name of Training	Organization	Duration

Signature