

MINISTRY OF HUMAN RIGHTS
APPLICATION FORM FOR RECRUITMENT

Affix Passport size
Photograph

Name of Post applied for: _____

Name (In Capital Letters): _____

Father's/Husband's Name _____

Date of Birth (dd-mm-yy): _____ Gender _____

CNIC No: _____ Domicile District: _____

Quota against which applied (_____)

Postal Address: _____

Contact No. Residence _____ Mobile _____

Highest Educational Degree/Certificate: _____

Previous Experience: Government/Private _____

Department: _____ Deisgnation: _____ Years: _____

Declaration: I certify that all information, provided by in this Application form is true and correct to the best of my knowledge and belief.

Date _____

Signature _____