

APPLICATION FOR INVIGILATING STAFF

Please tick (✓) the relevant post for which application is being made:-

Name of Post:- Center Superintendent Deputy Superintendent Invigilator Mobile Inspector

Name (Block Letter) _____ CNIC No. _____

Father Name (Block Letter) _____

Govt. Employee / Semi Govt. Employee In-service Retired Private Employee

Designation _____ BS- _____ Institution Name _____

Institution Address: _____

_____ District _____

Home Address: _____

Cell No. _____ Office Phone No. _____

Qualification _____ Professional Qualification _____

Work Experience _____ E-mail Address _____

Bank Account Title _____ Bank Account No. _____

Branch Code _____ Name of Bank and Address _____

Please attach the Following Documents herewith.

1. CNIC Copy.
2. Qualification Certificate. (last degree)

Signature _____

Approved by

Name of Head of Institution /Department _____

Sign & Stamp _____