

APPLICATION FORM

Photograph

Serial No. _____

Name of Post: **Chief Executive Officer (CEO), DRAP**

Name of Applicant: _____ Father Name: _____

Date of Birth: _____ Age (on closing date): _____ N.I.C No: _____

Domicile: _____ District: _____ Nationality: _____ If dual Nationality: _____ Yes/No: _____

Through proper Channel Yes / NO, Name of Department: _____

Postal Address of Candidate: _____

Permanent Address of Caddidate: _____

Phone No: _____ Mobile No: _____ Email Address: _____

ACADEMIC QUALIFICATION:

Certificate / Degree	Year of Passing	Board / University	Division / Grade	Name of Institution

TECHNICAL / PROFESSIONAL QUALIFICATION:

EXPERIENCE:

Name of Public Organization	Post Held	From	To	Total year(s) / month(s)

Name of Private Organization	Post Held	From	To	Total year(s) / month(s)

P.T.O

Note: The following must be attached:

- i) Attested copy of CNIC
- ii) Affidavit regarding conflict of interest under Section-18 of DRAP Act, 2012.

Date of submission of application: _____

Signature of Applicant