

BIO-DATA FORMAttach
Photo

1. Name: Mr/Miss/Mrs _____
2. Father's Name: _____
3. Date and Place of Birth: _____
4. Residential Address: _____

5. Telephones: (Off) _____ (Res) _____ (Mob) _____
6. Appointment Position: _____ Department _____
7. E-mail Address : _____
8. Nationality: _____ 9. Domicile: _____
10. Religion: _____ 11. Marital Status _____
12. Next of Kin: _____ 13. Relationship: _____
14. Date of Contract: _____ 15. Joining Date: _____

QUALIFICATIONS

S/No	Qualification	Degree/ Specialty	Institution/ College/ University	Year	Grade/ Div
1.	Matric				
2.	Intermediate				
3.	Graduation				
4.	Masters				
5.	Post-Graduate				
6.	Doctorate/Post Doctorate				
7.	Other				

EXPERIENCE

S/No	Position Held	Institution/ Organization	From	To	Department
1			- -	- -	
2			- -	- -	
3			- -	- -	
4			- -	- -	
5			- -	- -	
6			- -	- -	
7			- -	- -	
8			- -	- -	

DECLARATION

1. I hereby provide a photocopy of all my degrees/certificates duly signed.

2. I hereby certify that information given above is correct to the best of my knowledge. I undertake that any incorrect statement or bogus / false degree or certificate is liable to result in termination of service from the date of appointment and necessary legal action against me.

Name & Signature : _____

CNIC No. : _____

Address : _____

Date: _____

3. Acceptance by the Degrees Verification Committee. Accepted/ Rejected
