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|  | **INDUS RIVER SYSTEM AUTHORITY (IRSA)**PhotographPassport Size |

**(TELEMETRY PROJECT)**

**APPLICATION FORM**

**POST APPLIED FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/ S / O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:- \_\_\_\_\_\_\_\_\_\_\_Place of Birth:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicile:- \_\_\_\_\_\_\_\_\_\_Religion:-\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CNIC #**

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Present Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE NUMBERS:**

Residence No.­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC RECORD: -**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Qualification** | **Institute/****University** | **Total marks** | **Marks Obtained** | **Division** | **Subjects** |
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|  |  |  |  |  |  |  |

**can be extended.**

**WORK HISTORY:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name of Employer / Department** | **Position(s) Held** | **Nature of Duty** |
|  |  |  |  |  |
|  |  |  |  |  |

**can be extended.**

**DECLARATION:** I hereby declare that all the entries in this application form and all the additional particulars (if any) furnished along with it are true to the best of my knowledge and belief that nothing has been concealed. I also declare that I have never been dismissed or removed from government service under any Provincial, Federal Government Autonomous and Semi Autonomous or State Enterprise.

Date\_\_\_\_\_\_\_\_\_ Signature of the Candidate\_\_\_\_\_\_\_\_\_\_