I Mr/Ms/Mrs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S/D/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Applied For:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Furnish following information for the purpose of appointment in PHA Foundation:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Qualification as on 09-09-2020** | **Date of Birth** | **Age as on 09-09-2020** | **Domicile** |
| **Years** | **Months** | **Days** |
| 01 |  |  |  |  |  |  |
| 02 |  |  |  |  |  |  |
| 03 |  |  |  |  |  |  |
| 04 |  |  |  |  |  |  |
| 05 |  |  |  |  |  |  |
| 06 |  |  |  |  |  |  |

I solemnly declare and affirm that the information given above and documents attached are correct to the best of my knowledge and belief. I understood that in case of any information contained herein found incorrect or documents found forged/fake or domicile found irrelevant at any stage, I shall be liable to legal action as per rules and my candidature will be cancelled.

Candidate Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell No.\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_Thum Impression\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Attach attested copies of two recent passport size color Photographs, CNIC, Educational Documents, Domicile and experience certificate if any.

**CERTIFICATE OF AUTHENTICATION FROM THE GAZZETED OFFICER**

It is certify that Mr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

known to me and particulars shown above for appointment in PHA Foundation are correct to the best of my knowledge.

**Signature of the Attesting Officer & Stamp**