

Application No. _____
(For official use only)

**GOVERNMENT OF PAKISTAN
OFFICE OF THE DISTRICT HEALTH OFFICER
HEALTH DEPARTMENT
ISLAMABAD**

Post Applied for : _____ (BPS) _____

Name of the Application (In Block Letters): _____

Father's Name (In Block Letters): _____

Date of Birth: _____

Age at the Time of Apply: _____

CNIC: _____

Domicile: _____

Religion: _____

Postal Address: _____

Permanent Address: _____

Telephone No: _____ (Mobile No). _____

Educational Qualification

S. No.	Certificate/Degree	Major Subjects	Year

Experience (if any)

Designation	Name of the Department	From	To	Nature of work

Signature of Applicant: _____

Date: _____