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| **National Tariff Commission** | | | | | | | | | | | |
| **Application Form** | | | | | | | | | | | |
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| **APPLICATION FOR THE POSITION OF** | | | | | | | | | | | |
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| **Instructions:**  **1. Please type or use Capital Letters.**  **2. Please only attach a photocopy of Transcript / DMC of the latest degree with this application.**  **3. Testimonials will be verified at the time of test / interview.**  **4. Use Extra Sheet where Necessary** | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **I. Personal Information** | | | | | | | | | | | | | | |
| 1. Name: | | | | | | 2. Father’s Name: | | | | | | | | |
| 3. CNIC No.: | | | 4. Gender Male  Female | | | | | | | | 5. Domicile (Indicate District): | | | |
| 6. Date of Birth (dd/mm/Year): | | | | | 7. Age: | | Year | | Month | Day (on closing date) | | | | |
| 8. Permanent Address: | | | | | | | 9. Present Address: | | | | | | | |
| 10. Personal Contacts:  a) Landline No. (Area Code-Number):  Cell No.: | | | | | | | b) E-mail: | | | | | | | |
| **II. Academic Background:** | | | | | | | | | | | | | | |
| **1. Qualification (Starting from last degree you hold** | | | | | | | | | | | | | | |
| **Degree Held** | **Year Awarded** | | | **Field of Study** | | | | **Division / Grade** | | | | | **Institution** | |
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| **2. Professional training, certification etc.** | | | | | | | | | |
| **Course / Diploma / Certification** | | **Field of Study** | | | **Duration** | **Institution** | | | |
|  | |  | | |  |  | | | |
| **III. Employment History (Starting from present position if applicable)** | | | | | | | | | |
| **Name of Institution** | **Post Held with Pay Scale** | | **Job Profile / Salient Contribution** | | | | **Period** | | |
| **From** | | **To** |
|  |  | |  | | | |  | |  |
| **IV. Statement of Purpose (Maximum of 250 words; explaining yourself, reasons for seeking this job and career prospects.) Use extra sheet if necessary.** | | | | | | | | | |
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| **IV. Route of Application** | | | | | | | | | |
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| Through Proper Channel  Direct | | | | | | | | | |
| By signing below and submitting this Application Form, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree that the information I have provided above is accurate to the best of my knowledge. | | | | | | | | | |
| Signature: | | | | Date: | | | | | |