

APPLICATION FORM FOR EMPLOYMENT IN PAKISTAN CUSTOMS FIELD FORMATIONS
(For the post in BS-1 to BS-15)

Photograph

(To be submitted to relevant office where the post is applied for)

- A. Name of the Chief Collectorate/Collectorate/Directorate: _____
- B. Name of Post applied for: _____

1.	Name: _____	2.	Father's Name: _____																											
3.	CNIC No: _____	4.	Date of Birth: _____																											
5.	Domicile: (a) District: (b) Province:																													
6.	Educational Qualification: _____ Experience (if any)																													
7.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width:5%;">S.#</th> <th rowspan="2" style="width:40%;">Office/ Organization served</th> <th colspan="2" style="width:20%;">Period served</th> <th rowspan="2" style="width:35%;"></th> </tr> <tr> <th style="width:10%;">From</th> <th style="width:10%;">To</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">2</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:center;">3</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			S.#	Office/ Organization served	Period served			From	To	1					2					3									
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		From	To																											
1																														
2																														
3																														
8.	Address: (a) Permanent (b) Postal																													
9.	Telephone/ Cell No : _____																													
10.	For Candidate already in Government Service (if applicable). (a) Name of present Post & BPS..... (b) Name of Office.....																													
11.	Driving License (if any). (a) License No: (b) License Category: (c) Date/ place of issue: (d) Expiry Date:																													
12.	Number of years served in Armed/Civil Armed Forces (if applicable):																													
Proof of son of deceased government employee, disability, ex-armed forces personal, minority/ non-Muslim etc must be attached while claiming age relaxation)																														

DECLARATION: I hereby declare that all information, provided by me, in this Application Form are true and correct to the best of my knowledge and belief. I understand that in case of deliberate concealment of facts, my candidature shall be liable to rejection.

Date: _____

Signature: _____