DISTRICT COURTS MULTAN
EMPLOYMENT APPLICATION FORM
☞ **multan.dc.lhc.gov.pk**

Application for the post of : _____

Please tick the relevant box

Quota:-
- ☐ Open Merit   ☐ Through Proper Channel (Attach NOC)
- ☐ 20% quota of children of employees serving/retired
- ☐ 15% women quota   ☐ 5% quota for minorities (Non-Muslim)
- ☐ 3% quota for Disabled Persons

Paste 02 recent passport size photographs here

PERSONAL INFORMATION

1. Name: ---
   (Use CAPITAL LETTERS)

2. Father's Name: --
   (Use CAPITAL LETTERS)

3. C.N.I.C No.: --   4. Date of Birth (DD/MM/YYYY): -------/-------/------------

5. Age of candidate **as on 10-02-2021** : ------------(Days)--------------(Months)-------------(Years)

6. Gender   ☐ Male   ☐ Female | 7. Domicile (Indicate District): -------------------------------------

8. Religion: -- | 9. Marital Status: ☐ Married   ☐ Unmarried

10. Permanent Address: --
----

11. Present Address: ---
----

12. Telephone No. (Res) (with area code): ------------------------------- Mobile: ------------------------------------

13. Computer Skills (if any): --

15. Technical Experience/Skills (if any): --

16. Driving License (for the post of Drivers) -------------------- Issuance Date ------------------ Category (LTV/HTV)

ACADEMIC RECORD

Certificate/ Degree	Major Subjects	Board / University	Year	Marks Obtained	Total Marks	Grade/Division	CGPA
Middle							
Matric							
Intermediate							
Graduate							
Masters							
Others							

DISTRICT COURTS MULTAN
EMPLOYMENT APPLICATION FORM
multan.dc.lhc.gov.pk

EXPERIENCE / EMPLOYMENT HISTORY (Attach NOC From Department)				
Department/Organization Name	**Post held with Pay Scale**	**Period**		**Permanent/ Contract/ Ad-hoc**
		From	**To**	

Detail of Relative(s) already employed in Civil/Sessions Courts, Multan.
(Submit an affidavit on a stamp paper mentioning the Name, Designation and Relationship with the said Employee)

Name of Relative	Relationship with applicant	Post held	Place of Posting

Acknowledgement

By signing below and submitting this Application Form, I --

S/O, D/O -------------------------------------- agree that the information I have provided above is accurate

and I am responsible if I have given incorrect information and also liable for penal action on account of

false data.

Dated_____   **Signature** _____