# PAKISTAN
# WATER AND POWER DEVELOPMENT AUTHORITY

## Post: DG (Medical Services)

Serial No._____
(To be filled by office)

**PHOTO**
Attested copy of the most recent photograph shall be affixed.

Advertisement published in _____ Date _____

**1 Personal Data** **(To be filled in block letters)**

a. Name _____

b. Father Name _____

c. Postal Address _____

_____

d. Permanent Address _____

_____

e. Telephone # (with City Code): _____ Mobile #: _____

f. Email Address: _____

g. CNIC: | | | | | | – | | | | | | | | – | |

h. Gender: ☐ Male ☐ Female

i. Religion: ☐ Muslim ☐ Non Muslim

j. Date of Birth **(as per Secondary School / Matric Certificate)** | | | – | | | – | | | | |

k. Age on closing date of advertisement

| Years | Months | Days |
|---|---|---|
| | | |

l. Place of Birth _____

m. Domicile

| | |
|---|---|
| **Province** | |
| **District** | |

n. Marital Status ☐ Single ☐ Married

**2 Academic Qualification (in descending order)**

| Degree / Diploma / Certificate | Specialization | Year of Passing | Total Marks | Marks Obtained | Division / Grade / CGPA | Institute / University |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**3 Experience (as per detail in advertisement)**

| Organization / Department | Designation | Grade | Nature of Duties | Duration | | Total |
|---|---|---|---|---|---|---|
| | | | | From | To | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

**4** If you have been dismissed/removed from Govt. Service by any Federal / Provincial Govt Autonomous / Semi-autonomous body etc., please give following details:

| Department / Org / Co. | Post Held | Year | Dismissed or removed |
|---|---|---|---|
| | | | |
| | | | |

**5** Proof of Department Permission granted in case of Govt. Service, (if applicable) Attach copy.

| Yes | No |
|---|---|

**6** I hereby solemnly declare that the information given by me in this application form is correct to the best of my knowledge and in case of any false entry, my application is liable to be rejected without assigning any reason / prior intimation.

**Date:** _____ **(Signature of Candidate)**

- ***Incomplete form and ineligible candidates will be rejected summarily***