



APPLICATION FORM FOR APPOINTMENT AS LECTURER IPMS

Discipline : _____

Name of Applicant	
Father's Name	
Qualification	
Date of Birth	
CNIC No.	
Domicile	
Postal Address	
Permanent Address	
Religion	
Nationality	
Contact No.	
E-mail Address	

QUALIFICATION

Qualification	Subject(s)	Duration	Year of Passing	Total Marks	Obtained Marks	Division/ Grade	%age	Board/ University
SSC								
F.SC								
B.SC								
M.SC								
Other (s)								

EXPERIENCE

S.No	ORGANIZATION	DESIGNATION	FROM	TO
1				
2				
3				
4				

Applicant's Signature

For office use only:

Serial No. _____

Remarks/Status _____

Recommendations _____

Registration Officer