



PAKISTAN WATER AND POWER DEVELOPMENT AUTHORITY

PHOTO

Attested copy of the most recent photograph should be firmly gummed or stapled in this space. The candidate should sign across the photo-graph

Serial No. _____
(To be filled by office)

Post Applied for _____ BPS _____

WAPDA advertisement published in _____ Dated _____

1. Personal Data

a. Name (BLOCK LETTERS)

b. Father's Name

c. Postal Address

d. Permanent Address

e. Telephone No with City Code: Res : _____ Office _____
Mobile _____

f. Email Address

g. CNIC No.

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h. Sex

Male

Female

i. Religion Muslim Christian Hindu Sikh Qadiani

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

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k. Age on closing date of advertisement

Years	Months	Days

l. Place of Birth

m. Domicile

Province	
District	

n. Marital Status

Single

Married

o. Spouse Information

(1) Name

(2) Occupation

(3) Service Address

2. Academic qualification (in descending order)

Certificate / Degree/ Diploma obtained	Year of Passing	Total Marks	Marks Obtained	Division/ Grade/ G.P	Final %age	School/ College/ Institution/ University attended	Board/ University
1	2	3	4	5	6	7	8

3. Computer literacy/other courses

Certificate/Diploma	Year of Passing	Duration of Course	Remarks

4. Service record (in descending order)

Organization/ Department	Designation	Grade	Pay	Nature of post i.e. Permanent/ contract/ Temporary/ Daily Wages	Duration		Reason for leaving
					From	To	

5. Extra curricular activities

Sr. No.	Activity	Achievement	Remarks

6. If you have been dismissed/removed from Govt. Service by any Provincial, Federal Government Autonomous, Semi-autonomous or State Enterprises, please give below details:

Department/Org/Co	Post Held	Year	Dismissed or removed

7. If penalized by any court of Law, give details

8. Department Permission Form in case doing Govt. service (attached)

Yes	No
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I hereby solemnly declare that the information given by me in this Application Form are 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 to applicant.

Date: _____

Signature of Candidate

IMPORTANT
INCOMPLETE FORM AND INELIGIBLE CANDIDATES
WILL BE REJECTED SUMMARILY

CERTIFICATE OF DEPARTMENTAL PERMISSION

CNIC

- 1. (a) Name _____
- (b) Father's Name _____
- (c) Post Held _____ BPS
- (d) Office/Department _____
- (e) Post applied for _____
- Dated _____.

Signature of Candidate

- 2. (This portion should be filled in by the Department/Office)
Certified that the above candidate has been permitted to apply for the said post and that:
 - (a) He is employed in this Department/Office as _____
_____ Since _____
 - (b) He holds this post in permanent/temporary or adhoc capacity.
 - (c) The candidate's domicile as accepted by this Department/Office and recorded in Official record is _____ District.
 - (d) There is nothing on record of the Department which may render him ineligible for the post.

Dated: _____

**Signature
Name and Designation of the
Appointing Authority or Authorized
officer on his behalf**

Note: The Department must forward the above Departmental Permission immediately or inform WAPDA at once if it is decided to refuse the permission.
