

**APPLICATION FORM
GOVERNMENT OF PAKISTAN
REVENUE DIVISION
FEDERAL BOARD OF REVENUE**

Affix Passport size
Photograph

Name of the Chief Collectorate / Collectorate / Directorate _____

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: | | | |
| 7. | Experience (if any) | | | |
| | Sr. | Office/ Organization Served | Period Served | |
| | | | 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: _____