APPLICATION FORM





DISTRICT & SESSIONS COURT KARACHI WEST

RECRUITMENT TEST_ STENOGRAPHER (BPS-16)

Please paste one passport size photograph with gum

A. Bank Challan												
Bank Branch			Deposit ID		DSCW-00	95	Depos	sit Date				
3. Personal Info	rmation: Use CAP	ITAL letters and	d leave spaces	s betv	veen wor	ds.						
Name:												
Father's Name:												
Husband's Name:												
Computerized NIC	C No.					_						
						D	D	M M	Y	Y	Y	Υ
Gender:	Age: (in ye	ears)		Date	of Birt	h						
Domicile (District): Contact No (do not give converted mobile no.) Postal Address:												
Are You Governm (If yes, please atta	nch NOC)	Yes	No F	eligi	on: [N	⁄luslim) Non-	-Mus	lim	
Degree	Degree Title	University/	Institute/Bo	oard		ect/Ar			A/Div/ Gage	١	'ear	
Intermediate/HSSC												
Matric/SSC												

D. Any Other Certifications/Diploma/Professional Degrees: (SHORTHAND, DIT, CCNA etc.)

S#	Diploma /Certification	From	То	Board/Institute	Marks/Grade
1					
2					

E.	Experience:	(Start with	current	position)
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Total full time job experience	Year	months
TOTAL TALL THE TOD EXPELIENCE	ı c ai	111011113

S. No.	Institution/Organization	Position Held	Po (Month	Total	
NO.			From	То	
1					
2					

(Please attach additional sheet if required)

F. Checklist:

S#	Documents to be attached	Yes	No
1	Attested Copies of All Academic Documents		
2	Attested Copies of All Experience Certificates		
3	Attested CNIC Copy, Domicile & PRC		
4	Two attested recent photos		
5	Original Paid Challan		
6	Valid Professional Certificates		
7	NOC (In case of Government Servants)		

G. Undertaking

(For all credentials, documents, certificates, experience, and information given in application form)

I solemnly undertake that I have read, understood and affirm to follow the given instructions as per advertisement and application form. All the mandatory and essential information have been provided and is accurate to the best of my knowledge. If found false, incorrect, factitious, exaggerated, misleading, manipulated and bogus, my application/employment may be cancelled/terminated as per rule of organization. As a result, I shall be liable to disciplinary action as per rule of law.

Please paste one passport size photograph with gum

Signature of the Applicant:	Date:
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Please mention position title on envelop and send this application along with relevant documents at below address before deadline:

To,

The Project Manager (DSCW)
SIBA Testing Services
Sukkur IBA University, Airport Road, Sukkur
Phone# 071-5644159-4160