



APPLICATION FORM

Reg. No.
To be Filled by STS

**DISTRICT & SESSIONS COURT
LARKANA**

RECRUITMENT TEST_ STENOGRAPHER (BPS-16)

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with gum

A. Bank Challan

Bank Branch		Deposit ID	DACL-0093	Deposit Date	
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B. Personal Information: Use CAPITAL letters and leave spaces between words.

Name:

Father's Name:

Husband's Name:

Computerized NIC No. - -

D D M M Y Y Y Y

Gender: _____ Age: (in years) _____ Date of Birth - -

Domicile (District): _____ Contact No. _____
(do not give converted mobile no.)

Postal Address: _____

Are You Government Servant: Yes No Religion: Muslim Non-Muslim
(If yes, please attach NOC)

C. Academic Information:

Degree	Degree Title	University/Institute/Board	Subject/Area of Specialization	GPA/Div/ %age	Year
Intermediate/HSSC					
Matric/SSC					

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

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

E. Experience: (Start with current position)

Total full time job experience _____ Year _____ months

S. No.	Institution/Organization	Position Held	Period (Month and Year)		Total
			From	To	
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.

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Signature of the Applicant: _____ Date: _____

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

To,

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