



APPLICATION FORM FOR NON-TEACHING POSTS

NATIONAL COLLEGE OF ARTS

4-Shahrah-e-Quaid-e-Azam, Lahore (Tel #: 92 (042) 99211622-99210601, Ext:182)

POST APPLIED FOR: Lahore Rawalpindi Campus Permanent Contractual

NAME OF POST & BPS: _____ Fixed Pay Daily Wages



INSTRUCTIONS:

- All entries to be made in BLOCK LETTERS preferably in TYPE.
- Proforma can be reproduced exactly in same size without omission or addition according to your requirement.
- Fill all columns - indicate N.A. wherever required. Other documents requirements as indicated in the advertisement.
- Attach Original Payment Challan Form with application for the post of BPS 16 & above, Chief Medical Officer, Medical Office & Security Officer.

Name: _____ Father's Name: _____

Date of Birth: [][] - [][] - [][][][] Nationality: _____ Gender: _____
(Male/Female)

CINC No: [][][][] - [][][][][][][][] Marital Status: _____
(Married / Single)

Age till last date of submission of application: [Y] [][] [M] [][] [D] [][]

District of Domicile: _____ Province: _____ Religion: _____

Mailing Address: _____

Permanent Address: _____

Cell No: _____ Email: _____

Disability: Yes No NITB: 3-Weeks 6-Weeks

ACADEMIC RECORD:

EXAMINATION	DEGREE TITLE	PASSING YEAR	SUBJECTS	OBTAINED MARKS	TOTAL MARKS	GRADE / DIV / CGPA	BOARD / UNIVERSITY / INSTITUTION
Matric / O-Level							
Intermediate / A-Level							
Bachelors / Equivalent							
Master / Equivalent							
MS / M.Phil							
Ph.D							
Diploma / Others							

PROFESSIONAL EXPERIENCE / EMPLOYMENT RECORD:

DEPARTMENT / ORGANIZATION	DESIGNATION	GOVT. / PRIVATE	DURATION		TOTAL EXPERIENCE		
			FROM	TILL	YEARS	MONTHS	DAYS
TOTAL EXPERIENCE:							

Date: [][] - [][] - [][][][]

(Applicant's Signature)

FOR OFFICE USE ONLY	SHORTLISTED	NOT SHORTLISTED
Remarks:	Concerned Signature:	