



# THE PUNJAB SCHOOL

## APPLICATION FORM – OFFICE STAFF

For office Use only
Sr. No.
Category

For (Tick  relevant branch)

Township  Kot Khawaja Saeed  Johar Town   
 Khayaban-e-Jinnah  WAPDA Town  Aghosh Sheikhupura

Please attach followings with the Application Form:

1. Attested copies of degrees/certificates.
2. Attested copy of National Identity Card.
3. E.O.B.O.I Card (If applicable)

Applicant's recent Passport size Photograph
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Position/Job (Applied for)

1. Applicant's Name

2. Father's Name

3. Date of Birth  Day  Month  Year

4. Nationality \_\_\_\_\_ 8 (a) Religion \_\_\_\_\_ (b) Sect \_\_\_\_\_

5. a. Place of Birth \_\_\_\_\_ b. Country \_\_\_\_\_

6. C.N.I.C No.

7. Marital Status: Married:  YES  NO Divorced  YES  NO Widower/Widow  YES  NO

8. Spouse Name: \_\_\_\_\_ Qualifications: \_\_\_\_\_ Profession: \_\_\_\_\_

9. Number of children: \_\_\_\_\_ Age of eldest child: \_\_\_\_\_ Age of youngest child: \_\_\_\_\_

10. Present Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Tel. Nos., Res. \_\_\_\_\_ Work Place \_\_\_\_\_ P.P. \_\_\_\_\_

12. Permanent Address: \_\_\_\_\_  
 (If other than Para 10) \_\_\_\_\_  
 \_\_\_\_\_

13. (a) Have you ever applied for a job in this school ?  YES  NO  
 (d) If yes, give reference. \_\_\_\_\_

14. **Educational Qualifications:**

Examination	Year of Passing	Div./ Grade	Subjects	Institutions & Place	Board/ University
Matric					
Intermediate					
Graduation					
Masters					

15. Hobbies (if any) \_\_\_\_\_

16. **Professional Qualifications**

Qualification	Year	Area of Specialization	University/Institution	Grade

17. **Experience**

Sr. No.	Name(s) with Places of the Organizations served	Designation	Period		No. of Years
			From	To	

18. Please give two references, who can recommend you:

Name	Address	Telephone

Last Pay Drawn \_\_\_\_\_, Minimum acceptable salary Rs. \_\_\_\_\_ per month

\_\_\_\_\_  
Date: \_\_\_\_\_ Signature

**FOR OFFICE USE ONLY**

Remarks of the Selection Committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appointed/Wait listed/Regretted

Pay Scale \_\_\_\_\_ Salary \_\_\_\_\_ Per Month

\_\_\_\_\_  
Executive Director Date: \_\_\_\_\_

\_\_\_\_\_  
Chief Executive