

**APPLICATION FORM**  
**FEDERAL GOVT EDUCATIONAL INSTITUTIONS (CANTTS/GARRISONS) DIRECTORATE**  
**SIR SYED ROAD RAWALPINDI CANTT**

|   |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
|---|--|---------------|----------|---------|-------------------------------------|-----------------------|--|--------------|--|---------------|-----------------------|-------------|--|--------------------------------------|---|--|--|
| Roll No<br>(For Office use only)          |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  | Please paste<br>photo<br>Size 1"x 1" |   |  |  |
| Post Applied for                          |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Quota applied for: (Tick appropriate box) |  |               |          | Disable |                                     |                       |  | Minority     |  |               |                       |             |  |                                      |   |  |  |
| Religion                                  |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Candidate's Name<br>(Block Letters)       |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Father's Name                             |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Gender                                    |  | Date of Birth |          |         |                                     | Age on<br>19 Feb 2015 |  | Years: _____ |  | Months: _____ |                       | Days: _____ |  |                                      |   |  |  |
| Domicile                                  |  | Province:     |          |         |                                     | District:             |  |              |  | City:         |                       |             |  |                                      |   |  |  |
| CNIC No                                   |  |               |          |         |                                     |                       |  | -            |  |               |                       |             |  |                                      | - |  |  |
| Contact No (PTCL):                        |  |               |          |         |                                     | Mobile:               |  |              |  |               |                       |             |  |                                      |   |  |  |
| Postal Order                              |  | Number        |          |         |                                     |                       |  |              |  |               |                       | Amount      |  |                                      |   |  |  |
|   |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Whether in Govt Service                   |  |               | Yes / No |         | FGEI (C/G) Employees:      Yes / No |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Name of Dept (In case of yes)             |  |               |          |         | Designation (In case of yes)        |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Designation                               |  |               |          |         | Nature of Appointment               |                       |  |              |  |               | Honorary or Permanent |             |  |                                      |   |  |  |
| Date of Appointment                       |  |               |          |         | Date of Appointment                 |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Postal Address                            |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
|   |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
|   |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
| Permanent Address                         |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
|   |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |
|   |  |               |          |         |                                     |                       |  |              |  |               |                       |             |  |                                      |   |  |  |

**ACADEMIC QUALIFICATION**

| Certificate/Degree | Marks<br>Obtained | Total<br>Marks | Grade/<br>Division | Board/University | Subjects |
|--------------------|-------------------|----------------|--------------------|------------------|----------|
| Matric             |                   |                |                    |                  |          |
| FA/F.Sc            |                   |                |                    |                  |          |
| BA/B.Sc            |                   |                |                    |                  |          |
| MA/M.Sc            |                   |                |                    |                  |          |
|                    |                   |                |                    |                  |          |

**PROFESSIONAL QUALIFICATION**

| Certificate/Degree                                     | Marks<br>Obtained | Total Marks | Grade/Division | Board/University |
|--|-------------------|-------------|----------------|------------------|
|  |                   |             |                |                  |
|  |                   |             |                |                  |
|  |                   |             |                |                  |
|  |                   |             |                |                  |
|  |                   |             |                |                  |
| Others (Computer Course, Typing Course, Shorthand etc) |                   |             |                |                  |
|  |                   |             |                |                  |
|  |                   |             |                |                  |
|  |                   |             |                |                  |

Candidate's Signatures:\_\_\_\_\_