Roll No.

APPLICATION FORM FOR THE POST OF AUDITOR (BPS-14) HEADQUARTER OFFICES



Name of Applicant:			
Father's Name:	Fat	her's Occupation	
Date of Birth			
Age on 25.04.2023			
CNIC No.	-		-
Local/Domicile:		District:	
Postal Address:			
	160 0		
Permanent Address:			
Phone No	Mobile No		
Educational Qualification	s:		
Computer Courses/Experi			
For Government Employe			
			To
Name of the Office	Rank/Post held	From	То
	1		
Cross the relevant box if a Reserved Quota: Women,	5% Minorit	ies, 5% Disable	ed, 5%
Cross the relevant box if a Reserved Quota: Women, Date:	5% Minorit	ies, 5% Disable	of Applicant)
Reserved Quota: Women, Date:	5% Minorit	ies, 5% Disable	of Applicant)
Reserved Quota: Women, Date:	Minorit Received by	ies, 5% Disable	of Applicant)
Reserved Quota: Women, Date:	Minorit Received by	ies, 5% Disable	of Applicant)
Reserved Quota: Women, Date:	Received by Signature: BALOCHISTA ROLL NO	ies, 5% Disable	of Applicant)
Reserved Quota: Women, Date: Fee of Rs. 200/- I	Received by Signature: BALOCHISTA ROLL NO THE POST OF	(Signature AN POLICE (HQrs) SLIP FOR AUDITOR (BPS-14)	of Applicant)
Reserved Quota: Women, Date: Fee of Rs. 200/- I Roll No Name of Applicant:	Received by Signature: BALOCHISTA ROLL NO THE POST OF	(Signature AN POLICE (HQrs) SLIP FOR AUDITOR (BPS-14)	of Applicant)
Reserved Quota: Women, Date: Fee of Rs. 200/- I	Received by Signature: BALOCHISTA ROLL NO THE POST OF	(Signature AN POLICE (HQrs) SLIP FOR AUDITOR (BPS-14)	of Applicant)
Reserved Quota: Women, Date: Fee of Rs. 200/- I Roll No Name of Applicant:	Received by Signature: BALOCHISTA ROLL NO THE POST OF	(Signature AN POLICE (HQrs) SLIP FOR AUDITOR (BPS-14)	of Applicant)

Roll No. _____

APPLICATION FORM FOR THE POST OF Generator Operator (BPS-05) HEADQUARTER OFFICES



Name of Applicant:			
Father's Name:			
Date of Birth			
Age on 25.04.2023			
CNIC No.			-
Local/Domicile:		District:	
Postal Address:		<u> </u>	
		4	
Permanent Address:	C.P.O. Ouetta		
Phone No.	Mobile No		
Educational Qualification	s:		1
Courses/Experience:			
For Government Employe		The same of the sa	
Name of the Office	Rank/Post held	From	То
7 /	1 1 10	77.	
Date:		(Signature	of Applicant)
Foo of Ps. 200 / J	Pacaivad by		
	Received by		
	Signature:		
	BALOCHISTAN ROLL NO. S		
TI	HE POST OF Generator	Operator (BPS-05)	Photo
Roll No			
Name of Applicant:			
Father's Name:			
CNIC No.	-	-	
Postal Address:			

Roll No.

APPLICATION FORM FOR THE POST OF JUNIOR CLERK (BPS-11) HEADQUARTER OFFICES



Name of Applicant:			
Father's Name:			
Date of Birth			
Age on 25.04.2023			
CNIC No.	-		-
Local/Domicile:		District:	
Postal Address:			
		4 [7]	
Permanent Address:	C P O, Quetta		
Phone No	Mobile No		
Educational Qualification	ıs:		
Computer Courses/Experi	ence:		
For Government Employe	ees/semi Government l	Employees	<u>/</u>
Name of the Office	Rank/Post held	From	То
X /	1 1100	7 %	
Fee of Rs 200/- I	Received by	, 0	re of Applicant)
1 ee of Rs. 2007			
	Signature:		
BAL Roll No		(HEADQUARTER C). SLIP FOR NIOR CLERK (BPS-1	
Name of Applicant:			
Father's Name:			
CNIC No.	- I		-
CIVIC IVO.			
Postal Address:			

Roll No. _____

APPLICATION FORM FOR THE POST OF Photographer (BPS-08) HEADQUARTER OFFICES



Name of Applicant:			
Father's Name:	Father'	s Occupation	
Age on 25.04.2023			
			-
Local/Domicile:	1	District:	
Postal Address:		1	
	CPO, Quetta	<u> </u>	
Permanent Address:	C P O, Quetta	4	
Phone No	Mobile No		<u> </u>
	ns:		
			1
	ees/semi Government Emp		
	1	From	То
-	10/0/60		
Reserved Quota: Wome Date:	en, 5% Minorities, 5		of Applicant)
Fee of Rs. 200/-1	Received by		
,	Signature:		
	BALOCHISTAN P ROLL NO. SLI THE POST OF Photogra	P FOR	Photo
Roll No			Anote
Name of Applicant:			
Father's Name:			
CNIC No.			
	-	_	

Roll No. _____

APPLICATION FORM FOR THE POST OF C-IV (BPS-01) (Sweeper) HEADQUARTER OFFICES



Name of Applicant:	Λ		
Father's Name:	e:Father's Occupation		
Date of Birth			
Age on 25.04.2023	4_4_		
CNIC No.			-
Local/Domicile:		_ District:	
Postal Address:			
		7-/	
Permanent Address:			
Phone No	Mobile No		
Educational Qualification	ns:		<u> </u>
For Government Employ	ees/semi Government En	nplovees	
Name of the Office		From	To
Date:		(Signature	of Applicant)
		(OIGHAILE	or repricant,
Fee of Rs. 200/-	Received by		
	Signature:		
	BALOCHISTAN ROLL NO. S	POLICE (HQrs)	
	THE POST OF C-IV (BI	'S-01) (Sweeper)	Photo
Roll No			
Name of Applicant:			
Father's Name:			
CNIC No.	-	-	
Postal Address:			