

Roll No. _____

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



Photo

Name of Applicant: _____

Father's Name: _____ Father's Occupation _____

Date of Birth _____

Age on 25.04.2023 _____

CNIC No.

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Local/Domicile: _____ District: _____

Postal Address: _____

Permanent Address: _____

Phone No. _____ Mobile No. _____

Educational Qualifications: _____

Computer Courses/Experience: _____

For Government Employees/semi-Government Employees

Name of the Office	Rank/Post held	From	To

Cross the relevant box if applied for.

Reserved Quota: Women, 5% Minorities, 5% Disabled, 5%

Date: _____

(Signature of Applicant)

Fee of Rs. 200/- Received by _____

Signature: _____



Roll No. _____

**BALUCHISTAN POLICE (HQrs)
ROLL NO. SLIP FOR
THE POST OF AUDITOR (BPS-14)**

Photo

Name of Applicant: _____

Father's Name: _____

CNIC No.

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Postal Address: _____

