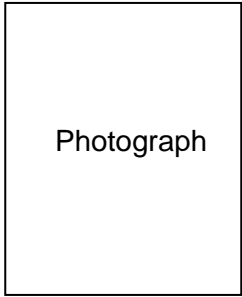


APPLICATION FORM FOR DRIVER (PPS2)



1. Name of Post (applied for): _____

2. Name of Candidate: _____

3. Fathers/Husband Name: _____

4. Date of Birth: _____ 5. Gender: Male Female 6. Domicile: _____

7. CNIC No: _____ 8. Cell No: _____ 9. Religion: _____

8. Driving License Validity: Yes/No

9. Driving License No.: _____

10. Educational Qualifications:

S.No.	Degree/Examination	Year of Passing	University/Board	Class/Division	Specialization (if any)
1.					
2.					
3.					

11. Experience (If Any):

12. Address:

a. Postal Address: _____

b. Permanent Address : _____

Note: Please Sent the application form dully filled to National Project Director, PO DB at following address; **F-Block, Room No. 110, NARC, Chack Shehzad, Islamabad.**

Signature of Candidate