	(For Office Use only)		S. No				Date	:/	/2023
		Before	e the court o	of District 8	& Sessions	Court, Cha	ırsadda		
Applying f	or the post	of							
Q:	Do	you have the	e requisite Q	ualification	? (Yes) /	(No)			
Q:	Q: Are you within the prescribed ag					(No)			Passport Si
Q:	Do	o you claim ag	? (Yes) / (N	o)			Recer	nt photo wi Glue.	
Q:	На	ave you annex	ed age relax	ration certi	icate/App	olication? (\	'es) / (No)		dide.
Full Name	:								
(Block Let	ters)								
Father Na	me								
Address (F	Postal):								
Adress (Pe	ermanent):								
CNIC #:				-			-		
Date of Bi	rth:			/					
Age:		Days: _	, Mo	onths:	, Ye	ears:			
Domicile:	Domicile:			Religion:, Gend				nder:	
Speical Qu	uota (if any	):	ACADEN	MIC QUALII	FICATION				
. Certificate	tificate/Degree Institution/Uni,		ution/Uni/Co	'College/Board		Obtained Marks/G		Divisio GP n/Grad	Passing y
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others									
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<u> </u>		Institution/Department			griation		FIOIII	10/	iii progress
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Signature of the applicant (him/herself) \_\_\_\_\_\_ Date of submission of form\_\_\_\_\_

Contact#