

INSPECTORATE OF ARMY STORES & CLOTHING KARACHI-15

Applied Form For The Post of: _____

Please indicate / tick station for Test / Interview

Rawalpindi

Lahore

Karachi

Photograph

Personal Information:

Name: _____

Father's Name: _____

Date of Birth: _____

Age on Closing Date: _____

Present Address: _____

Permanent Address: _____

Mobile Number: _____

Phone Number: _____

Academic & Technical Qualification:

Degree/ Certificate	Board/University	Year of Passing	Marks Obtained	Total Marks	Division Grading	Subjects

Details of Relevant Experience with Documentary Proof:

Sr. No.	Job Title	Name of Employer	From	To	Total Period	Reason for Leaving

This is to certify that the information as provided above is correct to best of my knowledge and belief.

(Signature of Applicant)