



**Government. of the Punjab
SCHOOL EDUCATION DEPARTMENT
APPLICATION FORM FOR EDUCATORS (2016-17)**

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Diary No. _____

Dated: _____

Name of the Post Applied: _____ Application Submitted to: _____

Applied against quota: ☐ 1. Minority ☐ 2. Disable ☐ 3. Applicable ☐ 4. Rule 17-A ☐ 5. Open Merit

PERSONAL INFORMATION

CNIC Number: _____

Applicant Name: _____

Father's Name: _____

Date of Birth: _____

Gender (Sex): 1-Male ☐ 2-Female ☐ Religion 1-Muslim ☐ 2-Non-Muslim (Please ☐ tick)

Marital Status: 1-Single ☐ 2-Married ☐ Husband's Name (if applicable): _____

Domicile of applicant: District: _____ UC No: _____ Village: _____
(write only one Domicile District and Tehsil)

Domicile of her Husband (if applicable) District: _____ UC No: _____ Village: _____
(write only one Domicile District and Tehsil)

CNIC of Her husband: _____

Address as per Domicile: _____

Mailing Address: _____

ACADEMIC QUALIFICATION

Sr. No.	Certificate/ Degree	Name of Certificate/ Degree	Subjects studied other than compulsory e.g. Urdu, English, Pak. Study, Islamiat	Board/ University	Passing Year	Marks Obtained	Total Marks	% Age	Division/ Grade/ GGPS	Merit Marks as per Recruitment Policy 2016-17
TOTAL MERIT MARKS										

DOCUMENTARY PROOF

Documents to be attached with the Application Form. (Tick the relevant box)

☐ 1-CNIC Copy ☐ 2-Domicile Copy ☐ 3-Nikkah Nama Copy ☐ 4-Husband's Domicile ☐ 5-Certificate/Degrees

☐ 6-Disability Certificate ☐ 7-Service Record (Incase of in service employee) ☐ 8-Departmental Permission (NOC) if any

☐ 9-Service record in case of Rule 17-A ☐ 10-CNIC of Her Husband ☐ 11-Permission Certificate in case of employee

☐ 12-List of _____ schools for the post of _____

APPLICANT DECLARATION

I certify that the information mentioned in this application form is true and correct to best of my knowledge and belief. I understand that statements found to be false/incorrect shall disqualify me from the recruitment process, and would make me liable for criminal action under Criminal Procedure Code/Pakistan Penal Code.

Signature: _____

Day _____ Month _____ Year _____