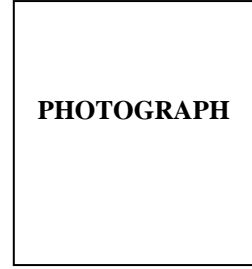




Pakistan Water and Power Development Authority (WAPDA)



Application Form

For Recruitments in BPS-1 TO 05

Against EMPLOYEE'S CHILDREN QUOTA (ONLY FOR WAPDA EMPLOYEES' CHILDREN)

WAPDA Hospital Faisalabad and Allied Dispensaries

Subject: - **APPLICATION FOR THE POST OF** _____

1. Name of Candidate (IN BLOCK LETTERS): _____
2. National Identity Card No.: _____
3. Qualification: _____
4. Present Address(IN BLOCK LETTERS): _____
5. _____ Contact No. _____
6. Father's Name(IN BLOCK LETTERS):: _____
7. Designation: _____
8. Where Posted: _____
9. **Status of Employee:-**
 - a. Father Retired on Medical Grounds Date of Retirement: _____
 - b. Father Retired Date of Retirement: _____
 - c. Father Serving Date of Appointment: _____
 - d. Father Resigned after rendering 15 years or more service on : _____

Educational Qualification:

Name of Board/ University	School/College	Exam. Passed	Year	Class/ Division	Marks	Subject

10. Particulars of Experience

Name of Organization	From	To	BPS	Designation	Exp. In Years

11. Detail of attested copies of certificates to be enclosed with the application:

- i. List of Family Members
- ii. Educational Certificates, Domicile Certificate, National Identity Card (Father and Candidate Both)
- iii. Retirement Order and Copy of PPO Book.

I do hereby declare that all the entries in this application form and all the additional particulars (if any) furnished alongwith it, are true to the best of my knowledge and belief. If any information is subsequently found incorrect/false my services, if selected, shall liable to be terminated.

Dated: _____

Signature of Candidate

Certificate to be signed by concerned Director (Admn/HR)/Officer of equivalent status.

I have examined and personally satisfied that Mr./Miss _____
Father of Mr./Miss _____, candidate, is/was a bonafide WAPDA Employee, and he has already not availed the employee children quota by Employment of his/her son/daughter. His father/mother retired/serving on dated/to date _____ while working at O/O _____ and performing his official duties.

No. _____

Signature of
Director (Admn/HR)/Equivalent

Date: _____