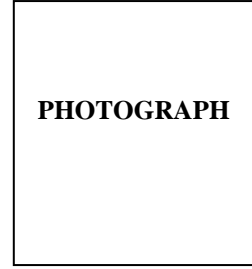




# Pakistan Water and Power Development Authority (WAPDA)



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: \_\_\_\_\_