



# EMPLOYEES' OLD-AGE BENEFITS INSTITUTION

## Application Form

Application for the post of \_\_\_\_\_

In case of Regular Govt. employee, please specify (Applicable only to candidates already working in Government Organizations)

Application No.

(For office use only)

Photo

Name of Department		Name of Post Held & BPS
Date of appointment	Post Status (Regular / Contract)	Forwarding Authority (Signature, Date, Name & Stamp)

Note: Please fill the form in "block letters" and tick relevant box:

Name of Applicant

Father's Name

Date of Birth (as per Matric Certificate/CNIC)

Age

Sex

Email Address

Nationality

Pakistani	Other	Specify if other
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Domicile	Islamabad	Punjab	Sindh (Urban)	Sindh (Rural)	KPK/FATA	Balochistan	AJK
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Computerized National Identity Card No.

Phone No. (Landline)

Mobile No.

MAILING ADDRESS (Note: Call letter shall be sent on this address, hence this address should be valid for at least one year)

EDUCATION (Note: Starting from High School (e.g. Matric) onwards in Chronological Order), if required additional row may be added

Name of Degree/Certificate	Name of Institute	Name of Board/University	Duration of Degree	
			From	To

PROFESSIONAL EXPERIENCE (Note: Starting from Current Job. Overlapping experience will not be counted e.g. total experience for a candidate performing two jobs simultaneously, for a period of one year, will be counted as one year only), if required additional row may be added

Exact Name of Post	Organization/Department Name	Job Description	Duration of Job	
			From	To
Total experience:				

ATTACHMENTS

Required Attachment	Checkbox
Attested copies of education certificates / degrees/diplomas/CNIC/experience certificate.	<input type="checkbox"/>
Detailed Curriculum Vitae of the candidate clearly highlighting all elements of the eligibility criteria and personal attributes,	<input type="checkbox"/>
Two recent passport size photographs	<input type="checkbox"/>
NOC from Parent Organization (Applicable only to candidates already working in Government/Semi Government Organizations)	<input type="checkbox"/>
Pay Order/Receipt of payment/Fee	<input type="checkbox"/>

Note: all column must be filled

**CERTIFICATE**

I hereby certify that information given in this form is absolutely true. Any information found false will be treated as breach of trust and **I shall be liable for cancellation of my application**. It is certified that I have carefully read the form and personally filled it and I understand all the contents/columns that I have filled up.

Date: \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_