| C. M. Martin | Government of Pakistan Ministry of Interior National Forensics Agency | | | | | | | 2x Attested Photograph | | |
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| (| PRECISION REPRESENT CONTINUES | | | JOE | B APPLICA | ATION FOR | М | | | |
| 1. | Post Applied for: | <u> </u> | | | | | | | | |
| 2. | Name (Capital letters): | | | | | | | | | |
| 3. | Father / Husband Name(Female Candidates only): | | | | | | | | | |
| 4. | C.N.I.C No Date of Birth (DD/MM/YY): | | | | | | | | | |
| 5. | Domicile (District): Gender (Male / Female): | | | | | | | | | |
| 6. | Postal address: | | | | | | | | | |
| 7. | Permanent Address: | | | | | | | | | |
| 8. | Email: Contact No.: | | | | | | | | | |
| 9. Sr. | Academic Qualifications (High School / metric onwards). Degree/ Institution/ University/ Year of Marks Total % age/ Major Subjects | | | | | | | | | |
| No. | Diploma/ Certificate | College | | ard | Passing | obtained | marks | grade / GPA / CGPA | | |
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| 10. | Relevant Experie | ence (Post qua | alificatio | on). (Pl | ease attac | h separate | sheets if I | necessary) | | |
| Sr.# | Institution/ Employer | | Position Held | | re of Job | • | Period To | Description of major assignments | | |
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11. Trainings/Courses/Research/Publications etc. (Please attach separate sheets if necessary)

| Sr.# | Trainings/Courses attended/ Research Publications etc. | Institution | Year | Duration Period | Major Areas/ Subject |
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- 12. **Declaration :** I certify that the statement made by me in this application are true, complete and correct to the best of my knowledge and belief I have informed my Head of Office/Department inwriting that I am applying for this position (for candidates already in service).
- Note:Send photocopies of educational documents duly attested by HEC and other documents attested by a Gazetted officer i.eExperience, CNIC, Trainings/Courses/Research/Publications etc in sealed envelope at "Project Director, National Forensics Agency (NFA), Project, Plot No.1,2,27& 28, Opposite Police Line, H-11/4, Islamabad".

Signature of Applicant: _____

Date:_____