



EXAMS DUTY REGISTRATION FORM

PARTICULARS OF EMPLOYEE

Name of Employer/Department

Name (In Capital letter)

Father's Name

CNIC (Attach Copy)

Date of Birth

Designation

BPS (Attach copy of latest Salary slip)

Qualification

Domicile

Email Address

Mobile No.

Religion

Muslim	Non-muslim
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Gender

Male	Female
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Postal Address

Residential Address

I hereby certify that the above information is correct and true as per my knowledge. I understand that a false statement may disqualify me from benefits.

T.A./D.A. not will be given.

Signature_____

I attested that the above information is correct and true as per my knowledge and the Officer/Officials is hereby recommended to perform duty in PPSC Exams/tests.

**By Name Stamp & Signature
of Competent/Appointing Authority**