PART-I CONFIDENTIAL

## PUNJAB PUBLIC SERVICE COMMISSION

#### **PROFORMA FOR EXAMINER**

1. PERSONAL DATA	Recent
FULL NAME:FATHERS'S/HUSBAND'S NAME:	Photo is Compulsory
CNIC No. (Copy of CNIC is compulsory):	
DESIGNATION WITH BPS:	
DATE OF BIRTH:	
INSTITUTION/DEPARTMENT:	

#### 2. ACADEMIC RECORD

	Institutions	Year	Division	Duration		Area Of
Qualifications				From	To	Study

<sup>\*</sup>Qualifications awarded honorarily should not be mentioned.

#### 3. EXPERIENCE/TEACHING ASSIGNMENTS

- i) Starting with the present, state your service record.
- ii) The person should be serving at least in BS-18 and should possess postgraduate degree and 10 years teaching experience in the subject of specialty.

Post held/	Field of	Institution/	Dura	tion
Designation	Specialization	Department	From	To

<sup>\*</sup>Please enclose detailed curriculum vitae also.

### 4. RESEARCH WORK

Research work	Publication(s)	Workshop	Countries Visited

PERTISE IN THE ORDER O	<del></del>
	_
AILING/POSTAL ADDRESS	
Phone (Res):	Office:
Phone (Res): Cell No.1:	Office: Cell No.2:

#### o. I WOOLD LIKE TO ENDIST MIT NAME AS:

E	kaminer	in tl	ne su	bject/	disci	pline o	of
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# 9. HAVE YOU EVER SERVED AS EXAMINER / PAPER SETTER IN PPSC OR OTHER INSTITUTION, THEN PLEASE MENTION:

Subject	Institution	Duration		
		From	To	
	Subject	Subject Institution	Subject Institution ————	

10. TICK THE RELEVANT
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			=		
	a.		RETIRED	IN SERVICE	
	b.	PUB	SLIC SECTOR	PRIVATE SECTOR	
<b>11.</b> Have Institution(s)	•	en convic	ted by any cour	t of law, by Department	or by any other
	,	Yes	No	If Yes, Give D	etails
	aration		nation given in	Para-1 to 11 is correct to	o the best of my knowledge
				SIG	NATURE WITH STAMP
PART-II					CONFIDENTIAL
correct and under any la	true to	my know	ledge and beli- any disciplinary	ef. He/She has neither proceedings pending ag	/Ms is been awarded any penalty gainst him/her under E&D /financial integrity, he/she
	a)	Highly	recommended		
	b)	Recomi			
	c)	Forward	ded		
2. In ca		tired offic	er, recommend	ation from the Head of I	nstitution where he/she las

SIGNATURE AND STAMP HEAD OF INSTITUTION