

INSPECTORATE OF ARMY STORES & CLOTHING KARACHI-15

Application Form For the Post Of _____

Please indicate/tick station for the test/interview

Rawalpindi Lahore Karachi

Photograph

Personal Information:

Name: _____

Father's Name: _____

Date Of Birth: _____

Age On Closing Date: _____

Domicile: _____

CNIC No: _____

Present Address: _____

Permanent Address: _____

Mobile Number: _____

Phone Number: _____

Academic & Technical Qualification:

Degree/ Certificate	Board/ University	Year of Passing	Marks Obtained	Total Marks	Division Grading	Subjects

Detail of Relevant Experience With Documentary Proof:

Ser No.	Job Title	Name Of Employer	From	To	Total Period	Reason for Leaving

This is to certify that the information as provided above is correct to best of my knowledge and belief.

Signature of Applicant

**چیف انسپیکٹر
انسپیکٹوریٹ آف آرمی اسٹورز اینڈ کلودنگ
راشد منہاس روڈ کراچی نمبر 15 (سی اوڈی اسٹیٹ)**