



# APPLICATION FORM

PROJECT MANAGEMENT & IMPLEMENTATION UNIT  
STRENGTHENING SOCIAL PROTECTION DELIVERY SYSTEM IN SINDH

## SINDH SOCIAL PROTECTION AUTHORITY SOCIAL PROTECTION DEPARTMENT GOVERNMENT OF SINDH



Picture-1  
Affix your recent  
Passport size

Name of Desired Post:

Write Name of Post

### I. Personal Information:

Use CAPITAL letters and leave spaces between words.

01. Name in Full: [Grid for name entry]

02. Fathers/Guardian Name: [Grid for name entry]

03. Candidate CNIC [Grid for CNIC entry]

04. Gender:  Male  Female

05. Date of Birth: [Grid for date entry] Write your Correct Date of Birth otherwise you will be rejected

06. Mobile No [Grid for mobile number entry]

DO NOT give your portable mobile number (which is converted from one network to another) so that SMS delivery is ensured.

07. Marital  Married  Un-Married

08. Religion:  Muslim  Non-Muslim

09. Postal Address: \_\_\_\_\_ If Non-Muslim, Please Specify your Religion: \_\_\_\_\_  
All correspondence will be made on this address though courier service or ordinary postal service.

Town/Sector/Village:/Mohalla: \_\_\_\_\_ Tehsil: \_\_\_\_\_ District: \_\_\_\_\_

10. Other Mobile No (if): \_\_\_\_\_ 11. Email: \_\_\_\_\_

12. Government Employee  YES  NO  
In case of Yes, please attach NOC

13. Disabled Person  YES  NO  
If yes, please attach Disability Certificate

14. District: [Text box for district name]

## II. Academic Information:

Certificate / Degree Level	Degree/Subject Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Grade/ Division	Board / University / Institute
Matric / Equivalent (10 Years)							
Intermediate / Equivalent (12 Years)							
Bachelor (14 Years)							
BS / Master (16 Years)							
M.S/M.Phil (18 Years)							
Ph.D.							
Any other							

## III. Professional Qualification/Certificate: (If Required).

S.No#	Certificate/Degree	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Grade/Division	Board / University / Institute
1.	Diploma Certificate					

## IV. Relevant Employment Record/Experience: (Please attach copies of your experience certificates)

S.NO	Organization/Employer Name	Job Title/Designation	Job Duration (Write Only Month & Year)	
			From	To
01.				
02.				
03.				
04.				
05.				

**Total Job Relevant Experience as on closing date of application:**

DAYS	MONTHS	YEARS
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## V. General Information

Please fill this form as per instructions give below:

- Please fill the Application Form properly with complete and correct information / answers.
- All information provided in this application form will be verified.
- Attach two recent Passport Size Photograph, along with copies of CNIC, academic documents, experience certificates and other relevant documents.
- Incomplete applications or applications containing incorrect information shall be rejected.
- Mobile phone or Electronic Gadgets are not allowed in the premises of Test Center.

Please Send Application Forms to:

اپنا فارم اس پتہ پر ارسال کریں

**PROJECT DIRECTOR**

**Project Management & Implementation Unit  
Strengthening Social Protection Delivery System Sindh,  
Sindh Social Protection Authority, Govt. of Sindh**

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