

# 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  
تصویر لارہما سٹلٹ سزین ہسورت  
دیگر فارم عمل میں نہیں لایا جائیگا

### I. Desired Post:

Fill Only One Box for Desired Post. **(Mandatory)**

<input type="checkbox"/>	1. DRIVER	<input type="checkbox"/>	2. NAIB QASID	<input type="checkbox"/>	3. GARDNER	<input type="checkbox"/>	4. ELECTRICIAN
<input type="checkbox"/>	5. SWEEPER	<input type="checkbox"/>	6. DISTPACH RIDER	<input type="checkbox"/>	7. PHOTO COPY OPERATOR		

### II. Personal Information:

Use CAPITAL letters and leave spaces between words.

1. Name in Full:

2. Fathers/Guardian Name:

3. Candidate Form-B:

04. Gender:  Male  Female

05. Date of Birth:  M  M  D  D  Y  E  A  R  
Write your Correct Date of Birth otherwise you will be rejected

06. Mobile No  0  3  3  6  1  2  3  4  5  6  7

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 Mobil No (if): \_\_\_\_\_ 11. Email: \_\_\_\_\_

12. Are you already Government Employee?  YES  NO

In case of Yes, please attach NOC

13. Are you a Disabled Person?  YES  NO

If yes, please attach Disability Certificate

14. Domicile District:  Write here Name of District

### III. Academic Information:

Certificate / Degree Level/Semester	Degree /Subject Title	Specialization / Major Subject	Result Date	Obtained Marks / CGPA	Total Marks / CGPA	Grade/Division	Board / University / Institute
Primary							
Matric or Equivalent (10 Years) Science							
F.Sc (Pre-Medical)							

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

S.NO	Organization/Employer Name	Job Title/Designation	Months	Years
01.				
02.				

## V. General Information

Please fill this form as per instructions give below:

1. Please fill the Application Form properly with complete and correct information / answers.
2. All information provided in this application form will be verified.
3. Attach two recent Passport Size Photograph, along with copies of CNIC, academic documents, experience certificates and other relevant documents.
4. Incomplete applications or applications containing incorrect information shall be rejected.
5. 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

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Project Management & Implementation Unit  
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Sindh Social Protection Authority, Govt. of Sindh  
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