

## Sargodha Waste Management Company Sargodha Division.



## **Application Form**

CELLY OBESK TOWN	
	Recent Passport
	Size Photo

(Compulsory)

APPLICATION FOR THE POSITION OF	
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## **Instructions:**

- a) Use a separate application form for each post you are applying for.
- b) Personal information must be filled with CAPITAL LETTERS.
- c) Only correctly filled and complete forms will be considered.
- No information must be left blank (in case of any information is not applicable, NA / NIL should be filled).
- Application without copy of any academic/experience certificate would be rejected

e) Application without copy of any academic/experience certificate would be rejected.					
I. Personal Information:					
Name:					
2. Father's Name:					
3. CNIC No.:					
4. Nationality:	5. Gender				
6. Domicile Distt:	7. Domicile Province:				
8. Date of Birth (dd/mm/yyyy):  9. Age:	10. Marital Status: Married Unmarried				
Tehsil: Distt:	Province:				
12. Postal Address:					
Tehsil: Distt:	Province:				
13. Personal Contacts:					
a) Contact No.:	b) e-mail Address:				

II. Academic Background:							
<ul> <li>1. Qualification:</li> <li>A) Attach equivalence certificate in case of O/A Level, ACCA/ACMA from relevant forum.</li> <li>B) For 3/4/5 Year Bachelor and Master / MS degree holders are required to submit equivalence certificate from HEC.</li> </ul>							
Qualification	Major Subjects	Board / University	Passing Year	Obtained Marks / CGPA/ Grades (in case of O/A Level)	Total Marks / CGPA	Division	Distinction / Position
Matric / O Level (10 Years)							
Intermediate / A Level (12 Years)							
Bachelor (14 years)							
Bachelor (Hons.) / Master (16 Years)							
Master / MS / MPhil (18 Years)							
PhD							
		155 11 6 11					
III. Provide Details of	f Profession	nal Training, Certil	fications, et	c.			
III. Provide Details of Course/ Diploma/ Certi		Field of Study		Institution/ Coun	try	Duration	Year
					try	Duration	Year
					try	Duration	Year
					try	Duration	Year
	fication				try	Duration	Year
Course/ Diploma/ Certi	fication				try	Duration	Year
Course/ Diploma/ Certi	fication				try	Duration	Year
Course/ Diploma/ Certi	fication				try	Duration	Year
Course/ Diploma/ Certi	fication				ıtry	Duration	Year

V. Employment History (Starting from o	current position.)			
Total Work Experience:	Years	Months.		
Name of Organization with postal addre telephone number	ess, e-mail and	Designation	Period	
			From (dd/mm/yyyy)	To (dd/mm/yyyy)

VI. Discipline:	
Have you ever been penalized during your service?	☐ Yes ☐ No
Have you ever been convicted by the Court of Law?	Yes No
Give details.	
VII. Kinship:	
Do you have family member(s) working in SGWMC?	☐ Yes ☐ No
Give details.	
VIII. Checklist:	
It is certified that I have attached <b>COPIES</b> of the following documents: -	
1. All Educational Transcripts/Result Cards (Matric onwards)	☐ Yes ☐ No
2. All Degrees / Diplomas	Yes No
3. All Experience Certificates	Yes No
4. CNIC & Domicile	Yes No
5. Updated Copy of CV	☐ Yes ☐ No
6. NOC (For the Govt. Employees)	☐ Yes ☐ No
7. Equivalence Certificate of O/A Level, MPhil, ACCA/ACMA from relevant forum	Yes Not Applicable
IX. Undertaking	
By signing and submitting this Application Form, I do hereby declare that best of my knowledge and I fully understand that any false statement or mate my application liable to be rejected and may result in disciplinary action an	erial omission/suppression of any fact shall render
SIGNATURE:	DATED: