

## PUNJAB CHILD LABOUR SURVEY 2019 Job Application Form

The answer should be clear, crisp and complete. Incomplete forms will be rejected. Application form must be filled by the applicant with his own hand writing.

Г											
Name:				Father's Name:	Г						
Address:											
							A	AFFIX	RECI	ENT	
Date of Birth								PI	ОТО		
District of Domi	cile:										
Job Applied For:											
District Intereste	d to					_ _					
work: Marital Status:		☐ Marrie	d Deinale	□ Divorce		<u>'</u> □ Wi	doruz				
Wiaritai Status:		□ Marrie	d □ Single	Divorcee		→ VV1	aow				
Telephone #			CNIC		-						-
ж. 1. °1 .											
viobile #			E-mail								
				Contact's Nam	ıe:						
Mobile # Blood Group: Address:				Contact's Nam	ie:						
Blood Group: Address:			Emergency Mobile #	Contact's Nam	ie:						
Blood Group:	nal Ba	ckgrou	Emergency Mobile #	Contact's Nam	ie:						
Blood Group: Address:  Educatio  Degree/ Certificate	nal Ba Year of Passing	<b>ckgrou</b> Division	Emergency Mobile #	Contact's Nam				Insti	itution		
Blood Group: Address:  Educatio  Degree/ Certificate with subjects	Year of		Emergency  Mobile #  Ind  Marks					Insti	itution		
Educatio  Degree/ Certificate with subjects	Year of		Emergency  Mobile #  Ind  Marks					Insti	itution		
Educatio  Degree/ Certificate with subjects fatric  A / FSc	Year of		Emergency  Mobile #  Ind  Marks					Insti	itution		
Blood Group: Address: Educatio Degree/	Year of		Emergency  Mobile #  Ind  Marks					Insti	itution		

Expe	rience (1	Relev	ar	nt Only)								
Sr. No.	Sr. No. From			To	Nature of Experience			2	Organization			
Comp	outer Sk	cills	(T	ick the releva	ınt)							
MS Word	MS Excel						MS F	Power Point				
Refere Please give	the name of d	etails of rence 1		o references o	ther	than blood r	elation	R	eference 2			
Name:	(i.d. Title)					Name:	/I ala T	"11 a).				
Position (job Title): Relationship:					Position (Job Title):  Relationship:							
Organiza				Organization:								
Phone#						Phone #						
E-mail:						E-mail:						
Ackno	wledger	nent	8	<b>Autho</b>	riz	ation:						
respect. I contract a informat Governm death, bo	understand at any point ion listed ab nent of the	that f in the ove. Punjal disabi	als fu b s ilit	se or mislea ature. I here shall not ac y, property	din au cep dai	g informat thorize BC t any liab nage or otl	ion m OS for ility f her ha	the vo	of my knowledge ad to my terminate erification of any y claim resulting suffered by empl	ion of or all from		
Signature of Applicant							Date					