

E. Experience: (if any)

Total full time job experience _____ Year _____ months

| S. No. | Institution/Organization | Position Held | Period (Month and Year) | | Total |
|--------|--------------------------|---------------|----------------------------|----|-------|
| | | | From | To | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

(Please attach additional sheet if required)

F. Checklist:

| S# | Documents to be attached | Yes | No |
|----|--|-----|----|
| 1 | Attested Copies of All Academic Documents | | |
| 2 | Attested Copies of All Experience Certificates | | |
| 3 | Attested CNIC Copy | | |
| 4 | Two attested recent photos | | |
| 5 | Original Paid Challan | | |
| 7 | Valid Professional Certificates | | |
| 8 | NOC (In case of Government Servants) | | |

G. Undertaking

(For all credentials, documents, certificates, experience, and information given in application form)

I solemnly undertake that I have read, understood and affirm to follow the given instructions as per advertisement and application form. All the mandatory and essential information have been provided and is accurate to the best of my knowledge. If found false, incorrect, factitious, exaggerated, misleading, manipulated and bogus, my application/employment may be cancelled/terminated as per rule of organization. As a result, I shall be liable to disciplinary action as per rule of law.

Please
paste one
passport
size
photograph
with gum

Signature of the Applicant: _____ Date: _____

Please mention position title on envelop and send this application along with relevant documents at below address before deadline:

To,

The Project Manager (DSCS),
SIBA Testing Services
Sukkur IBA University, Airport Road, Sukkur
Ph: 071-5644159-60