



APPLICATION FORM

Reg. No.
To be Filled by STS

**OFFICE OF THE ANTI-ENCHROACHMENT
TRIBUNAL, MIRPUR KHAS**

Please paste
one passport
size
photograph
with gum

Recruitment Test for various Positions

A. Bank Challan

Bank Branch		Deposit ID	AETM-0077	Deposit Date	
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B. Post Applied For:

<input type="checkbox"/> Superintendent (BPS-17)	<input type="checkbox"/> Accountant (BPS-11)
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C. Personal Information: Use CAPITAL letters and leave spaces between words.

Name:

Father's Name:

Computerized NIC No. - -
D D M M Y Y Y Y

Gender: _____ Age: (in years) _____ Date of Birth - -

Domicile (District): _____ Contact No. _____
(Do not give converted mobile no.)

Postal Address: _____

Are You Government Servant: Yes No Religion: Muslim Non-Muslim
(If yes, please attach NOC)

D. Academic Information:

Degree	Degree Title	University/Institute/Board	Subject/Area of Specialization	GPA/Div/ %age	Year
Matric/SSC					
Intermediate/HSSC					
Bachelors (14 years education)					
Masters (16 years education)					

E. Any Other Certifications/Diploma/Professional Degrees: (LLB, DIT, Shorthand etc.)

S#	Diploma /Certification	From	To	Board/Institute	Marks/Grade
1					
2					

F. Experience: (Start with current position)

Total full time job experience _____ Year _____ months

S#	Institution/Organization	Position Held	Period (Month and Year)		Total
			From	To	
1					
2					

(Please attach additional sheet if required)

G. Checklist:

S#	Documents to be attached with Application form	Yes	No
1	Attested photocopies of all academic documents, CNIC, Domicile & PRC (please attach in sequence i.e. Matric, Inter, Bachelors, Masters and others)		
2	Attested Photocopies of Experience Certificates		
3	Two Attested Recent Photos		
4	Original STS Copy of Paid Challan		
5	N.O.C (In case of Government Servants)		

H. 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.

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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 (AETM)
SIBA Testing Services
Sukkur IBA University, Airport Road, Sukkur
Phone# 071-5644159-4160