|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Logo**  Photo  **Aviation Division**  **Government of Pakistan**  Apply for the Position: -**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| 1. First name | | | | Middle name | | | | | | | | Last name | | | |
| 2. Date of Birth(day/month/yrs.) **( / / )** | 3. Place of birth | | | | | | | 4. Nationality(ies) at birth | | | 5. Present Nationality(ies) | | | | 6. Sex  M / F |
| 7. Marital Status: Single Married | | | | | | | | | | | | | | | |
| 8. Permanent address | | | 9. Present address | | | | | | | | | | 10. Telephone: | | |
| 11. Cell: | | |
| 12. E-mail: | | |
| 13. What is your preferred field of work / expertise? | | | | | | | | | | | | | | | |
| 14. EDUCATION, Give full details | | | | | | | | | | | | | | | |
| **DEGREE(S)** | | **ATTENDED** | | | | | | | **SUBJECTS** | | | | | **UNIVERSITY / INSTITUTE NAME**  **(with complete address)** | |
| **From** | | | **To** | | | |
| **Month/Year** | | | | **Month/Year** | | |
|  | |  | | | |  | | |  | | | | |  | |
|  | |  | | | |  | | |  | | | | |  | |
|  | |  | | | |  | | |  | | | | |  | |
|  | |  | | | |  | | |  | | | | |  | |
|  | |  | | | |  | | |  | | | | |  | |
|  | |  | | | |  | | |  | | | | |  | |
| 15. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS | | | | | | | | | | | | | | | |
| 16. LIST ANY SIGNIFICANT PUBLICATIONS YOU HAVE WRITTEN (*DO NOT ATTACH)* | | | | | | | | | | | | | | | |
| 17. EMPLOYMENT RECORD: Starting with present post, list in REVERSE ORDER every employment you have had. Use a separate block for each post include also service in the Armed Forces and note any period during which you were not gainfully employed. Give both gross and net salaries per annum for your last or present post. | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | POST TITLE: | | | | | | | | |
|  |  | | | | | |
| ORGANIZATION NAME: | | | | | | | | | | TYPE OF BUSINESS | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | |
|
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | POST TITLE: | | | | | | | | |
|  |  | | | | | |
| ORGANIZATION NAME: | | | | | | | | | | TYPE OF BUSINESS | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | |
|
| REASON FOR LEAVING: | | | | | | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | POST TITLE: | | | | | | | | |
|  |  | | | | | |
| ORGANIZATION NAME: | | | | | | | | | | TYPE OF BUSINESS | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | |
|
| REASON FOR LEAVING: | | | | | | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | POST TITLE: | | | | | | | | |
|  |  | | | | | |
| ORGANIZATION NAME: | | | | | | | | | | TYPE OF BUSINESS | | | | | |
| ADDRESS OF EMPLOYER: | | | | | | | | | | | | | | | |
|
| REASON FOR LEAVING: | | | | | | | | | | | | | | | |
| DESCRIPTION OF YOUR DUTIES: | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| FROM | TO | POST TITLE: | |
|  |  |
| ORGANIZATION NAME: | | | TYPE OF BUSINESS |
| ADDRESS OF EMPLOYER: | | | |
|
| REASON FOR LEAVING: | | | |
| DESCRIPTION OF YOUR DUTIES: | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| FROM | TO | POST TITLE: | |
|  |  |
| ORGANIZATION NAME: | | | TYPE OF BUSINESS |
| ADDRESS OF EMPLOYER: | | | |
|
| REASON FOR LEAVING: | | | |
| DESCRIPTION OF YOUR DUTIES: | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 18. I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission requested by Ministry of Aviation Division liable to termination or dismissal. | | | | |
|  | | |  | |
| DATE  (day, month, year) |  | SIGNATURE: | |  |