

**RECEIPT
TO BE FILLED IN BY THE CANDIDATE**

**SINDH PUBLIC SERVICE COMMISSION
HEAD OFFICE, THANDI SARAQ, HYDERABAD
022-9200694, 9200246**

RECEIPT

Reg. No. _____ Date _____

Name of the Post _____


In Department _____

Name of Candidate _____

Father's/Husband's Name _____

Signature of the Receiving Clerk

For details and updates; log on to: <http://www.spsc.gov.pk>

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For Official Use Only



**SINDH PUBLIC SERVICE COMMISSION
APPLICATION FORM**

Please staple three
Attested copies of
Passport size
Photographs
(Female candidates
are also required to
submit

Receiver Signature _____
Reg. No. _____
Secretary: _____
Date: _____

NOTE: Plz: read "General Instructions" carefully before filling this form.
This page to be filled by the candidate in CAPITAL LETTERS
Tick (✓) the relevant boxes where required.

Name of Post Applied for _____ Name of Department _____
Con. Advertisement No. ____ / ____ Preference for Examination/Interview Karachi Hyderabad Sukkur Larkano

1. Full Name _____
(Spell as per your Matriculation Certificate)

2. Surname _____ 3. Caste _____

4. Father's Name _____

5. Husband's Name _____

6. CNIC No. _____ - _____ - _____ 7. Distt. of Domicile _____ Urban Rural

8. Date of Birth ____ / ____ / ____ 9. Govt. Servant(including Armed Forces Personnel) Yes No

10. Gender Male Female 11. Marital Status Single Married 12. Religion Muslim Non-Muslim

13. Phone No. Home _____ Mobile _____ e-mail _____

15. Do you possess the minimum educational qualification as mentioned in the advertisement as on closing date? Yes No

Examination Passed	Result Declaration Date	Board / University	CGPA / Division / Grade	%age of marks	Major Subjects
i.					
ii.					
iii.					
iv.					

16. Do you possess relevant post qualifications experience for the post as mentioned in the advertisement on the closing date? Yes No

Organization	Place of Posting	Grade /Scale	Govt./Semi Govt./Private	From	To	Period of Service (In Years and Months)
i.						
ii.						
iii.						
iv.						

Note: 1) Separate Sheet may be used for additional profile viz training courses, employment record, research papers, publications, etc.
2) Please read the instructions carefully (Attached with the form)
3) For further details log on to <http://www.spssc.gov.pk>

Signature of Applicant

Name: _____
Address: _____
Mob./Tel. No. _____

Name: _____
Address: _____
Mob./Tel. No. _____

Name: _____
Address: _____
Mob./Tel. No. _____

Name: _____
Address: _____
Mob./Tel. No. _____

17. Please ensure that the required documents have been attached with the application form in the following order:

	Yes	No
(a) (Attested) Copy of C.N.I.C	<input type="checkbox"/>	<input type="checkbox"/>
(b) Original Treasury/Bank Challan No _____ dated: _____	<input type="checkbox"/>	<input type="checkbox"/>
(c) Three Attested Photos	<input type="checkbox"/>	<input type="checkbox"/>
(d) (Attested) Copy of Matriculation Certificate (Showing Date of Birth)	<input type="checkbox"/>	<input type="checkbox"/>
(e) (Attested) Copy of Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>
(f) (Attested) Copy of Graduation Degree from the University	<input type="checkbox"/>	<input type="checkbox"/>
(g) (Attested) Copy of Master's Degree from the University	<input type="checkbox"/>	<input type="checkbox"/>
(h) Certificate giving the date of declaration of result (If degree not issued by the University)	<input type="checkbox"/>	<input type="checkbox"/>
(i) (Attested) Marks Sheets in respect of Matriculation, Intermediate, Degree and Post-Graduate examinations from the relevant Board/University	<input type="checkbox"/>	<input type="checkbox"/>
(j) Experience Certificate (if applicable) countersigned by the Head of the Organization concerned.	<input type="checkbox"/>	<input type="checkbox"/>
(k) Valid Registration Certificate from PM&DC/PEC (for Doctors & Engineers)	<input type="checkbox"/>	<input type="checkbox"/>
(l) Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>
(m) P.R.C on Form "D"	<input type="checkbox"/>	<input type="checkbox"/>
(n) Departmental Permission from the competent authority (for Government Servants only)	<input type="checkbox"/>	<input type="checkbox"/>
(o) Age Relaxation Certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
(p) One Character Certificate from the Head of Institution last attended	<input type="checkbox"/>	<input type="checkbox"/>
(q) One Character Certificate from a responsible person not related to the Candidate	<input type="checkbox"/>	<input type="checkbox"/>

NOTE:

- 1) If any other documents are enclosed with the application, please attach separate list
- 2) All documents attached with the form must be numbered in continuation with the page number of the application form.

Date: _____

Signature of Applicant