

## Application for the Position of Chairman EPZA

1. Name of Candidate: \_\_\_\_\_
2. Father/Husband Name: \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_
4. Domicile: \_\_\_\_\_
5. CNIC No: \_\_\_\_\_
6. Mobile No: \_\_\_\_\_
7. Address: \_\_\_\_\_

**Paste  
Photograph  
Here**

8. Academic Qualification (graduate & post-graduate only)

S. No.	Degree / Qualifications	Year of Passing	University / Board	Class / Divisions

9. Experience Details:

S. No.	Designations	Organization	From	To	Job Duties / Responsibilities

10. Declaration:

I hereby declare that the information provided hereinabove is true to the best of my knowledge and belief, and that nothing material has been concealed. I also understand that in case any of my statements is found to be untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and may also be liable to be proceeded against under the Law.

Date: \_\_\_\_\_

Signature of the Candidate