

National Internship Program Office

Ministry of Inter Provincial Coordination



01. Desired Post:

i. Driver

ii. Receptionist

iii.

iv.

v.

Picture

02. Name of Organization: **National Internship Program Office**

03. Name of Applicant: _____

04. Father's Name: _____

05. Date of Birth:

Write your Correct Date of Birth
otherwise you will be rejected

DD M M YY
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06. Age at the time of submission of application form: _____

07. Candidate CNIC #:

Write your own CNIC No. Or B Form No.

- -

08. Postal Address: _____

09. Permanent Address: _____

10. Phone No: _____

11. Mobile No: _____

12. Do you have valid Driving License?

Only for the Post of DR & Driver.

Yes No

13. Domicile: _____

14. Academic Information:

Certificate / Degree Name	Year Passing	Board / University	Division / Grade	Obtained Marks

15. Experience: (If Any)

Institution / Organization / Company	Duration	Job Description

➤ Last date for submission of application form is **Monday 20th February, 2017.**

Date: _____

Signature of the Applicant

Please Send Application Form along with attested copies of document directly to

(Tasawar Manzoor Abbasi)
Assistant Director (Admn) NIP Office,
 10th floor, Shaheed-e-millat Secretariat, Islamabad.
 Ph: 051-9244462