

S.No.

Qualification

UNIVERSITY OF SUFISM AND MODERN SCIENCES BHITSHAH, SINDH, PAKISTAN

EXCELLENCE | INTEGRITY | LEADERSHIP

APPLICATION FORM

Post applied	for: _								
Application Fee/DD: Bank			No			Dated:_			
Name(in block letters)									
Father's Name									
CNIC No.				Domicile)				
Date of Birth				Marital Status					recent passport
Religion				Mobile N	lo.				size color photo
Gender				Email.					
Postal Address									
Permanent									
Address									
ACADEMIC	C QUA	LIFIC	ATIONS						
Certificate/	Dis	sciplin	e/ Subject	Passing		D 14		•,	Grade/
Degree		•	ŭ	Year		Board /	Univers	sity	Div/CGPA
EXPERIE	NCE ((attach e	xtra sheets if n	eeded)					
Designation			From	To		gular/ ntract	Orga	nization	Reason of left
TRAINING	G								
S.No.			Training			Ye	ear		Venue
ANVOTH									

Detail

Year

		UN	DERTAK	ING BY	Y THE A	APPLICA	NT:				
form as per in	understood the nstructions giv d, my candidat	e instructions en below. In	case of any	information	on contain	he Universi ed herein is	ty Test, as found at	any stage	filled-up e to be 1	the app missing,	lication untrue,
Date:	Thum	b Impression		Appli	cant's Sign	nature					
-	ified date shall y reserves the			-		marked with	-	applied f	or.		
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FOR OFFICIAL USE ONLY

Designation/Post	Roll No.	Test Date	Test Time	Test Center

INSTRUCTIONS:

- Please bring your original CNIC and original letter of written test with you
- You are advised to reach examination hall at least 30 minutes before start of test.
- No candidate will be admitted to the examination hall after start of the paper.
- You should bring your black or blue pen and examination pad to be used in the written test.
- No TA/DA will be admissible for appearing in the written test.
- The university reserves the right of cancellation of advertised post(s) partly or as a whole. Also reserves the right to increase or decrease number of posts or alter/cancel the test at any time.



University of Sufism and Modern Sciences Bhitshah, Sindh, Pakistan

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EXCELLENCE | INTEGRITY | LEADERSHIP

WRITTEN TEST SLIP	Recent passn	ort
Name:	Recent passp size color pho	oto
F/Name:		
CNIC:		
Postal Address:		

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