



**APPLICATION FORM**  
**NATIONAL COLLEGE OF ARTS**  
 (A Federal Chartered Institute)

4-Shahrah-e-Quaid-e-Azam, Lahore (Tel #: 92 (042) 99211622-99210601, Ext:148)

Affix ONE  
Attested  
Photograph  
Here

NAME OF POST: \_\_\_\_\_

**Instructions:**

1. All entries to be made in BLOCK LETTERS preferably TYPED.
2. Pro forma can be reproduced exactly in same size without omission or addition according to your requirement.
3. Fill all columns - indicate N.A. wherever required. Other documents requirements as indicated in the advertisement.
4. Enclose Original Payment Challan Form with this application.

Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Date of Birth:   -   -     Nationality: \_\_\_\_\_ Gender: \_\_\_\_\_  
 (Male/Female)

CINC No:      -        -   Marital Status: \_\_\_\_\_  
 (Married / Single)

Age on last date of submission of application:  Y  M  D

District of Domicile: \_\_\_\_\_ Province: \_\_\_\_\_ Religion: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Cell No: \_\_\_\_\_ Email: \_\_\_\_\_

Disability:  Yes  No \_\_\_\_\_

**QUALIFICATIONS:**

Degree title	Passing Year	Subjects	Obtained Marks	Total Marks	Grade / Div / CGPA	Board / University / Institution
Ph.D						
M.Phil / Masters (18-years of Education)						
Masters / Bachelors (16-years of Education)						
HSSC / A-Level						
SSC / O-Level						
Others						

**PROFESSIONAL EXPERIENCE:** (Descending Chronological Order):

(Note: the Pro forma columns can be expended by reproduction on same size paper as per requirements)

Any experience mentioned must be supported by duly certified/attested copies of experience certificate. The experience mentioned and not supported by documents shall not be taken into consideration.

Department / Organization	Designation	Govt./ Private	Duration/date		Total			Experience Certificate Attached Yes / No
			From	To	Years	Months	Days	
<b>TOTAL :</b>					<b>Y</b>	<b>M</b>	<b>D</b>	

**Mandatory Declaration:** I do hereby solemnly declare on oath and affirm that the above information is true and correct to the best of my knowledge and belief. I understand that in case of deliberate concealment of facts, false or forged or misleading information, the College reserves all rights to cancel my candidature/appointment/ employment at any stage (even after employment) and to initiate legal action as per Law.

Date:   -   -

Applicant's Signature

FOR OFFICE USE ONLY	<input type="checkbox"/> Shortlisted	<input type="checkbox"/> Not Shortlisted
Remarks:		
		Official's Signature: