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|  | APPLICATION FORM FOR SCHOOL TEACHER INTERNS (STI) OF PUNJAB WORKERS WELFARE FUND SCHOOLS | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Paste Passport Size Picture </div> | |
| Diary No. | _____ | Date: | _____ |
| Name of post Applied | _____ | Name of District: | _____ |
| Name of School for Applied: | _____ | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|--------------------------|-----------------|--------|--------------------------|---------|--------------------------|-------|--|--|--|---------------------------------|-------|---|---|---|---------|------|--------------------------|--------|--------------------------|--|--|--|--|---|--|
| C.N.I.C #: | <table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td> </tr> </table> | | | | | | | | | | | | | | | | | - | | | | | | | | - | |
| | | | | | - | | | | | | | | - | | | | | | | | | | | | | | |
| Applicant Name: | _____ | | | | | | | | | | | Father / Husband's Name: | _____ | | | | | | | | | | | | | | |
| Date of Birth | <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td> </tr> </table> | | | | D | D | M | M | <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> | | | | Y | Y | Y | Y | Gender: | Male | <input type="checkbox"/> | Female | <input type="checkbox"/> | | | | | | |
| D | D | M | M | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| Religion: | Muslim | <input type="checkbox"/> | Marital Statis: | Single | <input type="checkbox"/> | Married | <input type="checkbox"/> | Widow | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | Non-Muslim | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domicile of the Applicant: | District: | _____ | Contact # | _____ | Email ID: | _____ | | | | | | | | | | | | | | | | | | | | | |
| Name of Her Husband | _____ | | | | | | | | | | | Name of her Husband's District: | _____ | | | | | | | | | | | | | | |
| Domicile of Her Husband | _____ | | | | | | | | | | | CNIC# of her Husband: | _____ | | | | | | | | | | | | | | |
| Address as per Domicile: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |

ACADEMIC QUALIFICATION:

| Name of Degree / Certificate | Subject | Board / University | Passing Year | Marks Obtained | Total Marks | %Percentage | CGPA | Division / Grade | Merit Marks |
|------------------------------------|---------|--------------------|--------------|----------------|-------------|-------------|------|------------------|-------------|
| Matriculation | | | | | | | | | |
| Intermediate | | | | | | | | | |
| Graduation | | | | | | | | | |
| BS / Master | | | | | | | | | |
| Higher Qualification | | | | | | | | | |
| Hafiz-e Quran / Distinction Holder | | | | | | | | | |

DOCUMENTARY PROOF:

| | | | | | | | |
|---|--------------------------|----------------------|--------------------------|------------------|--------------------------|-----------------------|--------------------------|
| Documents to be attached with the applicant Form (Check the relevant box) | | | | | | | |
| CNIC Copy | <input type="checkbox"/> | Domicile Copy | <input type="checkbox"/> | Nikkah Nama Copy | <input type="checkbox"/> | Husband Domicile Copy | <input type="checkbox"/> |
| CNIC Copy of Her Husband | <input type="checkbox"/> | Certificate / Degree | <input type="checkbox"/> | | | | |

APPLICANT DECLARATION:

| | | | | |
|---|---|----|----|----|
| I certify that the information in this application form is true and correct to the best of my knowledge and belief. I understand that statements / information / data found to be false / incorrect shall disqualify me from the hiring process, and would make me liable for criminal proceedings. | Signature: _____ | | | |
| Date: | <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>DD</td> <td>MM</td> <td>YY</td> </tr> </table> | DD | MM | YY |
| DD | MM | YY | | |