

APPLICATION FORM FOR THE POST OF DIRECTOR GENERAL MARKETING IMPLEMENTATION AND REGULATORY AFFAIRS DEPARTMENT (MIRED) HESCO

Name:		
Father's Name:		
Date of Birth:		
Nationality:		
CNIC No.:		
National Tax No.	·	
Full Mailing address	(with telephone-landline & Mobile No. And E-mail address	

Sr. No.	Qualification	Subject	University / Institute	Year of Passing	Division / Class
1.					
2.					
3.					
4.					

0	\	
9.	Work Exp	perience

Sr. No.	Organization	Post	Period (Fi	om – to)	Nature of Work / Area
1.					
2.					
3.					
4.					
5.					

Fitness and propriety for (not more than 500 word	or the job in line with the Fit and proper Criteria
	Signature
	Full Name (in Block Letters
not o	Designation, CNIC & Full Addre
ate	

(Note: Any information not provided will render the application incomplete and liable for rejection).