

Concerned Officer:

SINDH LAKHRA COAL MINING COMPANY



ENERGY DEPARTMENT, GOVERNMENT OF SINDH

NOTE: PLEASE MARK / FILL INFORMATION AS APPLICABLE

Post Applied For:									
) Personal Info	rmation								
Vame:									
Father/ Husband's									
Name:)			F1.					
Gender: (Please Ticl Date of Birth: (DD-	x) Male	Male		Female				РНОТ	0
/M-YYYY)		Domicile:							
Present Address									
Permanent Address:									
 E-Mail:					Cell #:				
CNIC #:					- CΠ #.		T		
• The candidat	om highest quest must attach	Marks Obta	ained / Tot	al Marks (Certificate			rtificate	e of all Year
Certificate	Board	Board / Institute			Field/Discipline			Division	
Please attach	History om most recent the attested pr	_	o in descen						
Name of Organization	Job T	Job Title		Period To			Total YY MM DD		
Organization			FIO			10	11	IVIIVI	עע
_						1 Experience			
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pplication Received)K ()FFIC'E	CUSEONI	, Y				
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hecked by:	1 by:								

_ Dated:_

<u>(1)</u>	
Name:	
CNIC:	
Position:	
Organization:	
Contact:	
Address:	
<u>(2)</u>	
Name:	
CNIC:	
Position:	
Organization:	
Contact:	
Address:	
	POSTAL ADDRESS
	owing postal address slips in capital letters. Any change of address should be liately to the Office of SINDH LAKHRA COAL MINING COMPANY PVT. CE, KARACHI.
ADD	RESS SLIP (TO BE FILLED BY CANDIDATE)
Name of Applica	nt:
Father's Name:	
Postal Address:	
Contact No.	
ADD	RESS SLIP (TO BE FILLED BY CANDIDATE)
Name of Applica	nt:
7	
Contact No.	

4) **REFERENCES:**