

APPLICATION FORM

Counter Terrorism Department, Punjab



1. Position you are applying for:-

2. Eligibility:-

A. Do you possess requisite qualifications for the assignment you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Is your age between permissible limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Are you Physically & Medically fit for the post?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. District of Domicile: _____

4. Personal Information: Use CAPITAL Letters and leave spaces between words.

5. Name in Full:	<input style="width: 100%; height: 20px;" type="text"/>																																										
6. Father's Name:	<input style="width: 100%; height: 20px;" type="text"/>																																										
7. Candidate CNIC#:	<input style="width: 100%; height: 20px;" type="text"/>										8. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																																
<small>Write your own CNIC No.</small>																																											
9. Date of Birth:	<table style="border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td></td> <td>M</td><td>M</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>-</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>-</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>			D	D		M	M		Y	Y	Y	Y	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	10. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married																			
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<small>Write your correct Date of Birth otherwise you will be rejected</small>																																											
11. Sect: _____	12. Caste: _____																																										
13. Date of Entry in Service:	<table style="border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td></td> <td>M</td><td>M</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>-</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>-</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>			D	D		M	M		Y	Y	Y	Y	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	14. Army/Navy/Air Force No: _____																			
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15. Date of Commission:	<table style="border-collapse: collapse; text-align: center;"> <tr> <td>D</td><td>D</td><td></td> <td>M</td><td>M</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>-</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td>-</td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>			D	D		M	M		Y	Y	Y	Y	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	16. Arm: <input style="width: 100px;" type="text"/>					17. Unit: <input style="width: 100px;" type="text"/>														
D	D		M	M		Y	Y	Y	Y																																		
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	-	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>																																		

18. Address:

19. Postal Address: _____	
<small>(All Correspondence will be made on this address through courier service or ordinary postal service)</small>	
City/Town/Village: _____	District: _____
20. Email: _____	
21. Phone No: (OFF) _____ (RES.) _____ (Mobile) _____	
<small>(City Code- Phone No)</small>	
22. Alternate Address: _____	
City/Town/Village: _____	District: _____

23. Academics:

Note: 1. Write degree name & major Subjects mentioned in certificates/ transcript

Certificate / Degree Level	Degree & Major Subjects	Year of Passing	Marks/CGPA	Institute/Board
Matric/ O-Level (10 Year)				
Intermediate/ A-Level (12 Years)				
Bachelor/ Equivalent (14Years)				
Bachelor (Hons)/ Masters (16Years)				

24. Courses Undertaken:

Course	Institution	Country	Grade

25. Other Trainings:

Course	Institution	Country	Grade

27. Languages: (S.W.R)

Language	Reading			Writing			Speaking			Understanding		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urdu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punjabi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Criminal Record if any? Yes No

If yes give details: _____

29. Have you travelled abroad? Yes No

30. Any Other Skills _____

31. Please give alternate contact details in case of emergency _____

32. Undertaking by Applicant:

I _____ d/s/w of _____ do

hereby solemnly affirm that I have read and understood the conditions for applying in the Counter

Terrorism Department, Punjab for the Post of _____

Date: _____

Signature of Applicant _____

- Last date of application submission is 20th December, 2013
- Applications received on 21st December, 2013 will not be entertained by Department.
- For additional details please attach separate sheet(s).

Attach attested copies of following documents:

- Domicile
- NIC
- Educational Certificates
- Course(s) completion Certificates

Queries:
042-99211740

Send Application Form to:
Deputy Secretary (Police)
Home Department.
Civil Secretariat, Punjab

