



AJK PUBLIC SERVICE COMMISSION

K-Block District Headquarter Complex, Muzaffarabad

Website: www.ajkpsc.gov.pk

E-mail: info@ajkpsc.gov.pk

Tel: 05822-920203

Form No: _____

Affix two recent passport size photographs (one attested on the front & 2nd on the backside)

Application / Registration Form

Bank Receipt No: _____ Amount: _____ Bank Name: _____
Date: _____

Post Applied for: _____ Department / Organization: _____

Adv. No. _____ Case No. _____ Subject (if applicable) _____

1. NAME in full: _____
(Use CAPITAL LETTERS)

2. Father's / Husband's Name: _____
(Use CAPITAL LETTERS)

3. CNIC No: _____ 4. Gender: ☐ Male ☐ Female

5. a) Date of Birth: _____ b) Age (as on Advertised closing date): _____
years months days

6. Place of birth: _____ 7. Domicile: _____ 8. Religion: _____

9. Academic Qualification:

Certificate/ Degree	Institution	Subject	Board / University	Passing year	Total Marks	Marks Obtained	GPA / %age

10. Service Record / Work Experience:

Organization	Designation	Grade /Scale	Govt. / Semi Govt./ Private	From	To	Total Period

11. If retired from the Army, provide discharge certificate and first appointment date: _____

12. If already in service, have you applied through proper channel: ☐ Yes ☐ No

13. Have you ever appeared in AJK Public Service Commission, if so:-

Year	Post	Exam / Interview Date	Result

14. Do you fall in the category of disabled candidate? If yes, then mark the relevant box:-

If you need any assistance in test/exam, please select the relevant box	Visual Impaired (Blind)			Physical Impaired			Hearing/Speech Impaired		
	Writer	Computer	Brain	Writer	Computer	Brain	Writer	Computer	Brain

15. Contact No: Home: _____ Office: _____ Mobile: _____ E-mail: _____

Declaration: - The information given above is correct to the best of my Knowledge & belief. In case of any concealment of information, I will be liable to be disqualified from the Test/Interview. In case of selection I will serve 10 years outside of my home district.

Signature of Applicant

Note: Separate sheet may be used for additional profile viz training courses, employment record, research papers and publications etc.

Dated: _____

POSTAL ADDRESS

Please fill in the following Postal Address slips in capital letters. All communications from the Commission shall be sent to the candidate on this address.

Any change of address should be communicated to the Secretary AJK Public Service Commission K-Block District Headquarter, old Secretariat Muzaffarabad immediately.

Permanent Address

.....

Name

Address

Current Address

.....

Name

Address

Name

Address

.....

Name

Address

.....

Chalan Form

AJK Bank / State Bank / National Bank
of Pakistan

Post Applied for _____

Total Fee for Rs. _____ only

Amount _____
in words _____

“PURPOSE 1211

(Organs of State, Exam. Fee realized
by AJK Public Service Commission)”

Applicant’s Name _____

Father’s Name _____

Address _____

Date _____

Applicant’s Signature

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Applicant’s Name _____

Father’s Name _____

Address _____

Date _____

Applicant’s Signature

DEPARTMENTAL PERMISSION CERTIFICATE

TO BE SUBMITTED BY THE CANDIDATES WHO ARE IN GOVT./SEMI GOVT. SERVICE WITH THE APPLICATION FORM DULY COMPLETED FAILING WHICH THE APPLICATION SHALL BE LIABLE TO REJECTION.

1. The following particulars should be filled in by the candidate:-

- a) Name _____
- b) Father's Name _____
- c) Post held presently _____
- d) Office/Department _____
- e) Post applied for _____
- f) Commission's Advertisement No. _____ Date _____

Signature of the Candidate

2. (This portion should be filled in completely by the Department/Office)

- a) He/She has been employed in this Department/Office as _____ Since _____
- b) He/She holds this post in permanent / temporary, adhoc capacity or contract basis. _____
- c) The candidate's domicile as accepted by this Department/Office and recorded in official record is _____ District.
- d) There is nothing on record of this Department which may render him ineligible for the post and that his/her record of service is satisfactory and no departmental proceedings are pending against the candidate.

(Signature)Appointing Authority

Stamp: _____

Note:

- The signing authority of the above permission should please ensure that all the blank spaces meant to be filled in by the Department are accurately filled in.
- If a departmental candidate/employee is selected / nominated by the Commission, the parent Department of that candidate shall be bound to relieve him/her to enable him/her to join the post for which he/she has been recommended by the Commission.

Counter signed by **Secretary of the Department.**

Signature

Stamp: _____