

**RECEIPT
TO BE FILLED IN BY THE CANDIDATE**



**SINDH PUBLIC SERVICE COMMISSION
HEAD OFFICE, THANDI SARAQ, HYDERABAD
022-9200694, 9200246**

RECEIPT

Reg. No. _____ Date _____

Name of the Post _____

In Department _____

Name of Candidate _____

Father's/Husband's Name _____

Signature of the Receiving Clerk

For details and updates; log on to: <http://www.spsc.gov.pk>



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17. Please ensure that the required documents have been attached with the application form in the following order:

	Yes	No
(a) (Attested) Copy of C.N.I.C	<input type="checkbox"/>	<input type="checkbox"/>
(b) Original Treasury/Bank Challan No _____ dated: _____	<input type="checkbox"/>	<input type="checkbox"/>
(c) Three Attested Photos	<input type="checkbox"/>	<input type="checkbox"/>
(d) (Attested) Copy of Matriculation Certificate (Showing Date of Birth)	<input type="checkbox"/>	<input type="checkbox"/>
(e) (Attested) Copy of Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>
(f) (Attested) Copy of Graduation Degree from the University	<input type="checkbox"/>	<input type="checkbox"/>
(g) (Attested) Copy of Master's Degree from the University	<input type="checkbox"/>	<input type="checkbox"/>
(h) Certificate giving the date of declaration of result (If degree not issued by the University)	<input type="checkbox"/>	<input type="checkbox"/>
(i) (Attested) Marks Sheets in respect of Matriculation, Intermediate, Degree and Post-Graduate examinations from the relevant Board/University	<input type="checkbox"/>	<input type="checkbox"/>
(j) Experience Certificate (if applicable) countersigned by the Head of the Organization concerned.	<input type="checkbox"/>	<input type="checkbox"/>
(k) Valid Registration Certificate from PM&DC/PEC (for Doctors & Engineers)	<input type="checkbox"/>	<input type="checkbox"/>
(l) Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>
(m) P.R.C on Form "D"	<input type="checkbox"/>	<input type="checkbox"/>
(n) Departmental Permission from the competent authority (for Government Servants only)	<input type="checkbox"/>	<input type="checkbox"/>
(o) Age Relaxation Certificate (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
(p) One Character Certificate from the Head of Institution last attended	<input type="checkbox"/>	<input type="checkbox"/>
(q) One Character Certificate from a responsible person not related to the Candidate	<input type="checkbox"/>	<input type="checkbox"/>

NOTE:

- 1) If any other documents are enclosed with the application, please attach separate list
- 2) All documents attached with the form must be numbered in continuation with the page number of the application form.

Date: _____

Signature of Applicant