

## WAFAQI MOHTASIB (OMBUDSMAN)'S SECRETARIAT

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ct: - APPLICATION	FOR THE P	OST OI	<u> </u>	_	_AT	
Name of Applicant	(in Block Lette	ers)				
Father's Name (in I	Block Letters)					
Present postal Addr						
Domicile (✓) the rel	evant domicile	):				
Punjab Sir	ndh (R) Sindh	(U) K	PK Balochistan	Gilgit Bal	tistan A	JK
Domicile District: -	` ' '		•		•	
Gender tick (✓) the						
Date of Birth as per	, ,	` ′			A ge	
Date of Diffil as per	. Manie / Bello				1150	
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Religion CNIC No  O. Contact No. (Resident of the contact No.	ence)	]	Mob			
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Religion CNIC No O. Contact No. (Resident of the process of the pro	Yes No d copy of disabil	] lity certif	Mobicate must be enclosed for Degree / certificate	ed with the	proforma	n) ed):-
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Religion	Yes No d copy of disabil eation (attested  Year of pass	School	Mobilicate must be enclosed of Degree / certifices/Board/University	ed with the	proforma	n) ed):-
Religion	Yes No d copy of disabil ration (attested  Year of pass  ical Certificat	   School   School   e / Diplo	Mobilicate must be enclosed of Degree / certifices/Board/University	ed with the	proforma be attach /Grade	n)

Signature of Applicant

Dated \_\_\_\_\_