

	APPLICATION FORM FOR SCHOOL TEACHER INTERNS (STI) OF PUNJAB WORKERS WELFARE FUND SCHOOLS	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> Paste Passport Size Picture </div>	
Diary No.	_____	Date:	_____
Name of post Applied	_____	Name of District:	_____
Name of School for Applied:	_____		

C.N.I.C #:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td>-</td><td> </td> </tr> </table>																	-								-	
					-								-														
Applicant Name:	_____						Father / Husband's Name:	_____																			
Date of Birth	<table border="1" style="display: inline-table;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>													
D	D	M	M	Y	Y	Y	Y																				
Religion:	Muslim	<input type="checkbox"/>	Marital Status:	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widow	<input type="checkbox"/>																		
	Non-Muslim	<input type="checkbox"/>																									
Domicile of the Applicant:	District:	_____		Contact #	_____		Email ID:	_____																			
Name of Her Husband	_____						Name of her Husband's District:	_____																			
Domicile of Her Husband	_____						CNIC# of her Husband:	_____																			
Address as per Domicile:	_____																										
Mailing Address:	_____																										

ACADEMIC QUALIFICATION:

Name of Degree / Certificate	Subject	Board / University	Passing Year	Marks Obtained	Total Marks	%Percentage	CGPA	Division / Grade	Merit Marks
Matriculation									
Intermediate									
Graduation									
BS / Master									
Higher Qualification									
Hafiz-e Quran / Distinction Holder									

DOCUMENTARY PROOF:

Documents to be attached with the applicant Form (Check the relevant box)							
CNIC Copy	<input type="checkbox"/>	Domicile Copy	<input type="checkbox"/>	Nikkah Nama Copy	<input type="checkbox"/>	Husband Domicile Copy	<input type="checkbox"/>
CNIC Copy of Her Husband	<input type="checkbox"/>	Certificate / Degree	<input type="checkbox"/>				

APPLICANT DECLARATION:

I certify that the information in this application form is true and correct to the best of my knowledge and belief. I understand that statements / information / data found to be false / incorrect shall disqualify me from the hiring process, and would make me liable for criminal proceedings.	Signature: _____			
	Date: <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>DD</td> <td>MM</td> <td>YY</td> </tr> </table>	DD	MM	YY
DD	MM	YY		