



UNIVERSITY OF SARGODHA

APPLICATION FORM

Center Superintendent / Deputy Superintendent

Name: _____

Father's Name: _____ Designation: _____

Occupational Address: _____

Date of Joining Service: _____ CNIC No: _____

Phone No. Res: _____ Mobile No. _____

Previous Experience for last 3 years

Board / University	Examination	Designation	Center / Place	Year

Note: Please attach attested copies of your CNIC & pay slip.

Center / Station of Choice: 1. _____ 2. _____ 3. _____

- I solemnly declare that duty assigned to me will be performed honestly / efficiently.
- In case my near relative is appearing in the allotted center, I leave the center after intimating to the center Superintendent in writing.
- I am not disqualified by any board / university.

Name: _____

Designation: _____

Address (School/College): _____

Date: _____

Recommendations of the Head of Institution

Recommend for appointment as _____ and also certified that the applicant is not disqualified by any Board / University. He will be relieved for duty assigned by the University.

Signature: _____
(with official stamp)

Name: _____

Phone: _____