OFFICE OF THE DISTRICT & SESSIONS JUDGE/ZILLA QAZI, SWAT

(VACANT POSTS 2025)

Appli	cation for the									
	he Application (Part-I)						Ī			
Query				Yes	No					L
Do you have the requisite qualification, educational and others							Paste One Passport Size I thes are "yes" then fill the appliation			
Have you the requisite experience, if applicable						If all thes are				
Are you with in the prescribe age limit										
Are you in possession of age relaxation document, if otherwise overage										
Do you have a domicile of Swat? (If not, mention place of domicile with						1				l
reasons as per terms and conditions of advertisement at S.No.15 & 16)					I.					_
Full Name in BLOCK letters										
Father Name:										
Age on closing date of application (07-02-2025)										
Postal Address (Pres										
Postal Address (Perm										
Contact Numbers										
				General/ Merit Female			Special Minority (Disabled)			
You are applying against quota:							(Disabled)			_
Date of Birth Gender				Religon				th, if different from		_
(DD/MM/YYYY)		Gender					place	e of domicile		
Domicile/ Place					(starting from highest) (Part-II)					
		Institution/ Uni/College/		Obtained		Board/	Year of	Passed as a		
Qualific	cation	School	Division	Marks / Total Marks	CGPA	University	passing	whole or in Parts		
M. Phil/MS										
Master										
Graduation										
HSSC										
SSC										
Middle										
Primary										
	erience (F	Part-III)			•	•				
Name of the Departm	nent/ Organization/ E	Entity etc.								
Government, Semi-Govt, Autonomous, Semi-autonomous, Authority or Corporation										
Post(s) held										
Duration of Service(From- To)										
Nomenclature and Nature of Job										
Whether Permanent, contract, Daily Wages or Others										
Duration of Permanent Service (From-To)										
Signature of the appli	cant / candidate									
Name & Designation of the head of office / department forwarding the application										
If wrok	experience is in mu	ltiple departments/organizat				oduced on separa	ite sheet reg	arding applicable co	olumns	_
			Check	list (Part	·IV)	1				
Qualification; Degree/Certificate etc with DMC/ Transcript Page (Photostate of Documents)			Remarks		For Office	e Use (Only			
			Documents)			Checked (✓)	ecked (✓) PIN			
MS/ M.Phil etc (Certificate + DMC) Master (Certificate + DMC)							Date of D	Dispatch (DD/MN	//YYYY)	_
Graduation (Certificate + DMC) HSSC (Certificate + DMC)						-	Date of R	Date of Receipt (DD/MM/YYYY)		
SSC (Certificate + DMC) Middle							Means of Receiving (Post, Personal, E-			_
Primary							mail etc)			
Domicile Certificate CNIC						 	Name & Designation of the official who checked			_
Age Relaxation Docu	ment						Name:			
Medical Certificate of Disability Departmental Permission/NOC of Discharge Certificate, If							Designatio	on:		
applicable						Signatur	e			
Any other document										