PEDO APPLICATION DATA FORM Pakhtunkhwa Energy Development Organization



Energy & Power Department Government of Khyber Pakhtunkhwa

A. Eligibility Criteria: Is your Qualification, Experience & Age according to the required criteria for the post? (If your reply is "Yes" to A only then please proceed further. Otherwise you are not eligible to apply)				
B. Posts & Projects Related:				
1. Post Applied for :	-			
2. Project Name :	_			
3. Quota (Applicable for Regular Posts): Disability Minority Women Other				
4. Test Details (Applicable where test has been conducted):				
Test Roll No Test Score Test Date				
C. Personal Information (Use capital letters & leave spaces between words) 1. Name in Full:				
2. Father Name:				
3. Candidate CNIC #: Witeyourown CNIC No. Or B Form No.				
4. Gender: Male Female 5. Date of Birth Yourcorrect date of birth Otherwise you will be rejected				
6. Postal Address:				
City: District:	_			
7. Phone No: (Off) (Res.) (Mobile) City code – Phone No.	_			
8. Email Address: 9. Zone: Zone-1 Zone-2 Zone-3 Zone-4 Zone-4	5			
10. Are you a Government Servant? Yes No 11. Driving License? Yes No				
12. Are you a Disable Person? Yes No				
13. District & Province of Domicile:				

Province:

District of Domicile:

[D. Academic / Educational Information:							
N	 Note: 1. Write exact degree name & major subject mention in certificate / transcript. 2. Candidate should convert their grades into marks. (O Level / A Level or any other degree having grade). 3. Write result declaration date in year of passing. 							
	Certificate / Degree Level	Degree / Sanad Title	Specialization / Major Subject	Year Passing	Obtained Marks / CGPA	Total Marks / CGPA	Division	Board / University
	Matric (10 Years)							
	Intermediate / D.A.E (12 / 13 Years)							
	Bachelor (14 Years)	B.A B.Sc						
	Bachelor (Hons) / Master (16 Years)	M.A M.Sc						
	MS / M. Phil (18 Years)	MS M.Phil						
	Ph.D							

E. Employment Record (Staring with latest Employment)								
	Organization / Employer Name	Job Title	Job Duration					
Sr#			From	Write only I To	Month & Year Total (Year's)	Total (Month's)		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
				Days	Months	Years		
09.	Total Job Experience as on clo	osing date of application	:	-	-			
10.	Total Relevant Job Experienc	-	-					
11.	Total Specific Job Experience	pplication:	-	-				

11. Total Specific Job Experience as on closing date of application: (If required in advertisement for applied posts)

F.	Remarks	(To be filled by	Department):
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G. Declaration/Undertaking By The Applicant:

I _______ d / s / w of _______ do hereby solemnly declare and affirm that I have read and understood the instructions and conditions for applying to the post. All the given information is true and correct. Any untrue, false or forged, mis-representation of information may lead to the cancellation of my candidature for the subject position at any stage and even after the appointment.

Date: __/__/ Thumb Impression ___ Candidate's Signature____