

**FEDERAL OMBUDSPERSON SECRETARIAT**

For Protection Against Harassment of Women at the Workplace (FOSPAH)

**APPLICATION FORM**

Application No\_\_\_\_\_\_\_\_\_\_\_

(For Official use only)

1. Name of the Post Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of the Applicant (in block letters) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Father’s Name (in block letters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Address (a) current Postal Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(d) Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Domicile Province and District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth (as per secondary school certificates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Age (as on closing date of advertisement) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Religion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Disability, if any (Type of disability)
6. **Qualification:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree** | **Passing Year** | **Division/Grade** | **Board/ University/ Institute** | **Major Subjects** |
|  |  |  |  |  |
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|  |  |  |  |  |

1. **Experience:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer Name** | **Position Title** | **Field of Work** | **From** | **To** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. I hereby undertake that the information provided by me is correct and any information found incorrect at later stage will lead to cancellation of candidature for the above-mentioned post. I am also aware of the fact that incomplete filing up of the form will result disqualification of my candidature with no subsequent claim whatsoever.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:**

Interested candidates if want to apply directly may send their application forms till **28th February 2024** through email to [**recruitmentfospah@gmail.com**](mailto:recruitmentfospah@gmail.com)or can also apply on[**https://njp.gov.pk**](https://njp.gov.pk)