



GOVERNMENT OF GILGIT-BALTISTAN
DIRECTORATE OF EXCISE, TAXATION, TRANSPORT AND NARCOTICS
CONTROL DEPARTMENT GILGIT-BALTISTAN

APPLICATION FORM

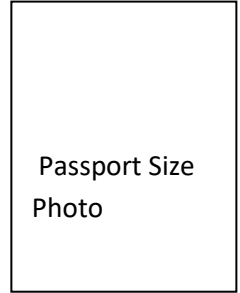
S. # _____

1. Post Applied For: _____
2. Name : _____
3. Father Name: _____
4. Domicile: _____
5. Date of Birth: _____
6. CNIC No. _____
7. Qualification: _____
8. Experience (If Any): _____

9. Postal Address: _____

10. Permanent Address: _____

11. Contact No. _____
12. Date of Submission: _____
13. Signature: _____



Passport Size
Photo

For Official Use:

Received By: _____ S. #: _____

Signature: _____ Date: _____

Name of Candidate: _____

Post Applied For: _____