LAHORE ELECTRIC SUPPLY COmpany

HR&ADMN DIRECTORATE, 22-A QUEENS ROAD, LAHORE

Advertisement Date		Domicile		Tracking No.	

APPLICATION FOR THE POST OF _____

PERSONAL INFORMATION

Name	
Father's Name	
Date of Birth		Religion	
National Identity Card No.		Sex	

PHOTO
(2 X 1.5)

Postal Address	
Residence Phone No.		Office Phone No.	
Mobile Phone No.		Email Address	

ACADEMIC RECORD

Qualification	Board/University	Year of Passing	Marks / CGPA		Major Subjects / Specialization / Technology
			Total	Obtained	
SSC					
HSSC					
Graduation					
Master					
Diploma					
Certification					

Computer Skills	

WORK HISTORY

Joining Date	Leaving Date	Name of Employer	Position Held	Monthly Gross Salary		Reason for Leaving
				At Joining	At Leaving	

MASOOD-UR-REHMAN

FOR ALREADY LESCO/OTHER DEPARTMENT EMPLOYED APPLICANTS ONLY

Designation		Office	
BPS		Working Since		Job Type (Regular/Contract)	

Appointed Against: Direct Quota ☐   LESCO/Departmental Employees Children Quota ☐

    It is certified that I have verified the above data with office record and found it correct. There
nothing on record of the Department/Office which may render him ineligible for the post. The ab
candidate has been permitted to apply for the said post.

Signature / Stamp of Concerned Officer
*Name and Designation of the Appointing
Authority or authorized officer on this behalf*

FOR LESCO EMPLOYEES CHILDREN ONLY

Status of Applicant's Father/Mother   Working ☐   LPR ☐   Retired ☐

    Died during service ☐   Died after retirement ☐

Designation		Last Office	

    It is certified that I have verified the above data with office record and found it correct. It is a
certified that no brother / sister of applicant was employed in LESCO on LESCO Employees Childr
Quota.

Signature / Stamp of Concerned Dy. Manager

DECLARATION

    I do hereby declare that all the entries in this Application Form and all the additional particula
(if any) furnished alongwith it, are true to the best of my knowledge and belief. I also declare that I ha
never been dismissed or removed from service from Government service under any Provincial, Feder
Government Autonomous, and Semi-Autonomous or State Enterprises.

Date: _____   Signature of Applicant: _____
        (As per NIC Card)

IMPORTANT

INCOMPLETE APPLICATIONS WILL BE REJECTED SUMMARILY