



**APPLICATION FORM FOR THE DEPARTMENTAL PROMOTION EXAMINATION (WATER WING)
[BPS - 05 TO 16] BLOCK "C" WAPDA SUNNY VIEW LAHORE**

1.	Name of Candidate (in block letters):		EPF No.			
2.	Father's Name:					
3.	Qualification / BPS:					BPS -
4.	Date of Birth / Age:					
5.	a).	Full Designation & Complete Postal Address of Office:				
	b).	Province Where Posted:				
	c).	Total Service & Date of Appointment:				
	d).	Total Service in Present Rank:	Year	Month	Day	
	e).	Eligibility of Candidate to appear in Examination (with reference to service limit):	YES		NO	
	f).	Probationer or Regular:				
6.	Which Chance Candidate is availing (please tick):	1 ST	2 ND	3 RD		
7.	Name of Examination in which Candidate wants to appear:					
8.	Date of Commencement of Examination:					
9.	How many Paper(s) Candidate has already passed, indicate Roll Number and Year:	Paper – A		Paper – B		
		Roll No. _____		Roll No. _____		
		Year _____		Year _____		
10.	Indicate the Paper(s) in which Candidate wants to appear:	Paper – A		Paper – B		
11.	Certificate that I have filled in all the columns completely and no wrong or incomplete information has been given by me to the best of my knowledge. If any thing wrong, incomplete is found, I shall be liable to disciplinary action under WAPDA (E&D) Rules – 1978.					

SIGNATURE OF THE APPLICANT

Note:-

- Contract Employees are not eligible to apply.
- No exemption in any Paper.
- For compartment 50% of the total papers must be cleared.

CERTIFICATE BY HEAD OF DEPARTMENT

Certificate that **Mr.** _____ working as _____ is eligible to appear for the Departmental Promotion Examination from _____ to _____ in accordance with instructions / minimum service limit contained in S.O.P.

Signature of the Head of Department

Signature of the Controlling Officer