

PRESCRIBED PROFARMA FOR DEPARTMENTAL EXAMINATION
OF SUB-ORDINATE TREASURY & ACCOUNTS SERVICE
(ACCOUNTANT)

Please staple
three Attested
copies of Passport
size Photographs
to be required

1	Name with Father's Name of the Candidate	
2	Designation (Attached copy of appointment order)	
	i) CNIC No.	
	ii) Address/Contact No.	
3	Whether temporary or permanent	
4	Current Posting in Which District Accounts Office	
5	Previous Posting in Which District Accounts Office	
6	Already Paper Exempted along with Roll No. & years in which District Accounts Office	
7	Number of Attempts Along with Roll No. Already made with the month and year of the examination in which appeared in the result in each case.	
8	Remarks.	

**COUNTER SIGNATURE AND STAMPS
OF COMPETENT AUTHORITY**

**SIGNATURE OF
APPLICANT/CANDIDATE**