



**APPLICATION FORM FOR SCHOOL
TEACHER INTERNS (STI) OF PUNJAB
WORKERS WELFARE FUND SCHOOLS**

Paste Passport Size
Picture

Diary No.	_____	Date:	_____
Name of post Applied	_____	Name of District:	_____
Name of School for Applied:	_____		

C.N.I.C #: _____

Applicant Name: _____ Father / Husband's Name: _____

Date of Birth:

DD	MM	YY	YY
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 Gender: Male ☐ Female ☐

Religion: Muslim ☐ Non-Muslim ☐ Marital Status: Single ☐ Married ☐ Widow ☐

Domicile of the Applicant: District: _____ Contact # _____ Email ID: _____

Name of Her Husband _____ Name of her Husband's District: _____

Domicile of Her Husband _____ CNIC# of her Husband: _____

Address as per Domicile: _____

Mailing Address: _____

ACADEMIC QUALIFICATION:

Name of Degree / Certificate	Subject	Board / University	Passing Year	Marks Obtained	Total Marks	%Percentage	CGPA	Division / Grade	Merit Marks
Matriculation									
Intermediate									
Graduation									
BS / Master									
Higher Qualification									
Hafiz-e Quran / Distinction Holder									

DOCUMENTARY PROOF:

Documents to be attached with the applicant Form (Check the relevant box)

CNIC Copy	<input type="checkbox"/>	Domicile Copy	<input type="checkbox"/>	Nikkah Nama Copy	<input type="checkbox"/>	Husband Domicile Copy	<input type="checkbox"/>
CNIC Copy of Her Husband	<input type="checkbox"/>	Certificate / Degree	<input type="checkbox"/>				

APPLICANT DECLARATION:

I certify that the information in this application form is true and correct to the best of my knowledge and belief. I understand that statements / information / data found to be false / incorrect shall disqualify me from the hiring process, and would make me liable for criminal proceedings.

Signature: _____

Date:

DD	MM	YY
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