

PPSC 2

Note: Subsequent change in the selection of optional subjects shall not be allowed.

[illegible]
$$\text{* Percentage will be calculated as } \frac{(\text{Marks Obtained})}{\text{Total Marks}} \times 100 = \text{Percentage}$$

IMPORTANT: *Attach attested copies of certificates/degrees/detailed marks sheets in respect of all above examinations showing qualification/detail of marks obtained and total marks. Also attach equivalence certificate of competent authority if your qualifications are different but equivalent to prescribed qualifications.*

24. SERVICE RECORD :

Indicate details of your entire service record upto your present post. Attach a separate page if this space is not sufficient.

[illegible]

25. Do you claim additional marks as an unemployed child of a Punjab Govt. Servant who was incapacitated or died while in service? If so, attach the certificate as mentioned in the instructions. (tick the relevant) ☐ Yes ☐ No

26. Detail of Post Graduate Research Work if any. (Attach a separate page if this space is insufficient)

27. Your Registration Number with PMDC/PEC/PCATP/PBC _____ Valid upto: / /
(for Doctors/Engineers/Architects & Town Planners/lawyers only)

28. If you have ever been disqualified/debarred, as a punishment, from appearing in any Examination, Test or Interview by the Federal /Punjab Public Service Commission, please mention detail of the Post/ Exam./Test/Interview _____
_____ Date of Disqualification Order / /
Years for which disqualified: _____

29. If you have ever been dismissed/terminated/removed from service in any Provincial/Federal Govt/Autonomous/Semi-autonomous agency for reasons other than want of vacancy, retrenchment of post? Mention Post _____
Department _____ Year _____ and tick the appropriate
One; ☐ D ismissed ☐ T erminated ☐ R emoved

30. Please indicate all three centres **Lahore**, **Rawalpindi** and **Multan**, in the order of your priority, for appearing in the Written Test/Examination/Interview :- 1._____ 2._____ 3._____. The Commission however reserves the right to call you for Written Test/Examination or Interview at any place.

31. Number of chances already availed for the post applied for: _____

32. If you had **applied previously to the Punjab Public Service Commission** for any post irrespective of the fact whether you appeared in the examination/test/interview or not, please give below particulars of all of them.

S.No.	Year	Name of Post	A P P E A R E D I N			Remarks
			Test	Examination	Interview	

33. Please mention detail of your **visits abroad**:

Country Visited	Duration of Visit		Purpose of Visit
	From	To	

34. **Applicable to Combined Competitive / Provincial Management Service Exam. only.**
Please mention your preference to the posts advertised in the relevant column by writing post code and post name in order of your preference.

Order of Preference	Post Code	Post Name
1		
2		
3		
4		
5		

Order of Preference	Post Code	Post Name
6		
7		
8		
9		
10		

Note: The option once exercised will be considered final as far as the candidate is concerned.

APPLICABLE TO "CIVIL JUDGES CUM JUDICIAL MAGISTRATES" EXAM. ONLY

35. Please mention exact period of practice as Barrister/Advocate of High Court or Subordinate Courts.

From:

/

/

To:

/

/

APPLICABLE TO THE POSTS OF ASI & INSPECTOR LEGAL OR PRISONS DEPTT.

(and any other post where indicated) Attach Original Medical Certificate.

36. a. **Height**

b. **Chest**
(exemption for female candidate)
i. Normal
ii. Expanded

c. **Vision**
i. Left
ii. Right

37. If you are overage/underage and relaxation of age limit where permissible (*for the post applied for*) has been obtained from the concerned Competent Authority, please quote relaxation order No.& date.

/

/

Period of Relaxation Years Months Days (*Attach age relaxation order*)

CHECK LIST

38. Please (✓) Tick 'Yes' or 'No' against the certificates and other documents which you have attached with this application:-

	Yes	No		Yes	No		Yes	No
National Identity Card	<input type="checkbox"/>	<input type="checkbox"/>	LL.B/LL.M	<input type="checkbox"/>	<input type="checkbox"/>	One attested Photograph	<input type="checkbox"/>	<input type="checkbox"/>
Matriculation	<input type="checkbox"/>	<input type="checkbox"/>	M.A./M.Sc./M.Ed.	<input type="checkbox"/>	<input type="checkbox"/>	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate	<input type="checkbox"/>	<input type="checkbox"/>	M. Phil./Ph.D/Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	Experience/Service Certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>
Graduation	<input type="checkbox"/>	<input type="checkbox"/>	F.C.P.S/Equivalent	<input type="checkbox"/>	<input type="checkbox"/>			
B.Ed.	<input type="checkbox"/>	<input type="checkbox"/>	Research Paper(s)	<input type="checkbox"/>	<input type="checkbox"/>			

	Yes	No
In case of Govt Service, Departmental Permission Certificate	<input type="checkbox"/>	<input type="checkbox"/>
In case of Disabled Person, Registration and Medical Certificates	<input type="checkbox"/>	<input type="checkbox"/>
If applying on the basis of equivalent qualification, Certificate of equivalence	<input type="checkbox"/>	<input type="checkbox"/>
In case of Overage/Underage, Age Relaxation Order (in original)	<input type="checkbox"/>	<input type="checkbox"/>
If last service was terminated for want of vacancy, Certificate of such service	<input type="checkbox"/>	<input type="checkbox"/>
In case of Ex-Serviceman, Discharge Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Registration with PMDC/PEC/PCATP/PBC	<input type="checkbox"/>	<input type="checkbox"/>
Medical Certificate of Physical Standard, if prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Practice as Lawyer, if prescribed	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of service as Barrister/Advocate/Member of Establishment of Courts	<input type="checkbox"/>	<input type="checkbox"/>
Affidavit declaring actively participating in the Profession of Law (if prescribed)	<input type="checkbox"/>	<input type="checkbox"/>

39. I DO HEREBY SOLEMNLY DECLARE THAT THE REPLIES GIVEN BY ME IN THIS APPLICATION FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FULLY UNDERSTAND THAT THE FACTS GIVEN ABOVE WILL SERVE AS THE BASIS FOR DETERMINATION OF MY ELIGIBILITY BY THE COMMISSION AND MY CANDIDATURE SO DETERMINED BY THE COMMISSION WILL STAND PROVISIONAL UNTIL IT IS VERIFIED WITH THE ORIGINAL CERTIFICATES AT THE TIME OF INTERVIEW. I WILL NOT CLAIM BENEFIT OF ANY INFORMATION WHICH IS NOT MENTIONED IN THE APPLICATION FORM AND IS PRODUCED AFTER THE CLOSING DATE FOR SUBMISSION OF APPLICATIONS.
40. I ALSO UNDERSTAND THAT IF AFTER THE CLOSING DATE FOR SUBMISSION OF APPLICATIONS MY APPLICATION IS FOUND INCOMPLETE , WRONGLY FILLED IN, UNSIGNED OR NOT ACCOMPANIED BY TREASURY RECEIPT/BANK CHALLAN IN ORIGINAL AND ATTESTED COPIES OF OTHER REQUISITE DOCUMENTS, IT WILL BE LIABLE TO REJECTION, AND THAT IF ANY FACT IS CONCEALED OR MIS-STATED IN THE ABOVE REPLIES, DISCIPLINARY ACTION SHALL BE TAKEN UNDER THE RULES.
41. I ALSO UNDERSTAND THAT MY RECOMMENDATION FOR SELECTION COULD BE WITHDRAWN BY THE COMMISSION AT ANY STAGE IN MY SERVICE IF I AM FOUND INELIGIBLE FOR THIS POST.

Date:

CANDIDATE'S SIGNATURE:

ADDRESS

Complete Application Form should be sent to the Secretary Punjab Public Service Commission, 2-Agha Khan (Davis) Road, Lahore or PPSC Regional Office Rawalpindi or Multan. Applications are received by the Commission through postal mail/courier service and by hand on or before the closing date advertised.

Receipted Challan Form of Application/Exam Fee to be firmly pasted here.

POSTAL ADDRESS

Please fill in the following Postal Address slips in capital letters. All communications from the Commission shall be sent to the candidate on this address. To ensure prompt delivery, address should be complete and legible.

Any change of address should be communicated to the Commission immediately.

Name _____	Name_____
Address_____	Address_____
_____	_____
_____	_____
.....
Name _____	Name_____
Address_____	Address_____
_____	_____
_____	_____
.....
Name _____	Name _____
Address_____	Address_____
_____	_____
_____	_____

PUNJAB PUBLIC SERVICE COMMISSION
CERTIFICATE OF DEPARTMENTAL PERMISSION

TO BE SUBMITTED BY THE CANDIDATES WHO ARE IN GOVT./SEMI GOVT. SERVICE WITH THE APPLICATION FORM DULY COMPLETED FAILING WHICH THE APPLICATION SHALL BE LIABLE TO REJECTION

1. **The following particulars should be filled in by the candidate:-**

- a) Name _____
- b) Father's Name _____
- c) Substantive post _____
- d) Post held presently _____
- e) Office/Department _____
- f) Post applied for _____
- g) Commission's Advertisement No. _____ Case No. _____

Dated _____

Signature of the Candidate

2. **(This portion should be filled in completely by the Department/Office.)**

Certified that the above candidate has been permitted to apply for the said post and that:-

- a) He/She has been employed in this Department/Office as _____
_____ Since _____ .
- b) He/She holds this post in permanent / temporary, adhoc capacity or contract basis.

- c) The candidate's domicile as accepted by this Department/Office and recorded in official record is _____ District.
- d) There is nothing on record of this Department which may render him ineligible for the post and that his/her record of service is satisfactory and no departmental proceedings are pending against the candidate.

(Signature)
Appointing Authority

Stamp of the
Appointing Authority or authorised
Officer on his behalf.

Dated _____

Note : The signing authority of the above permission should please ensure that all the blank spaces meant to be filled in by the Department are accurately filled in. If a departmental candidate/employee is selected/nominated by the Commission, the parent Department of that candidate shall be bound to relieve him/her to enable him/her to join the post for which he/she has been recommended by the Commission.

EXPERIENCE CERTIFICATE

Certified that Mr./Miss/Mrs. _____ has been/is employed in this Department/Organization as _____ from _____ to _____ (dates) regular whole time/part time/ad hoc/current charge/acting charge/contract basis. The work of Mr./Miss/Mrs. _____ while employed in this Department/Organization was/is satisfactory. The detail of his/her experience is as under: -

Designation	Field of Specialisation	*Nature of Experience	Duration	
			From	To

**Please specify very clearly the nature of experience such as (a) Regular whole time (b) Part time (c) Ad hoc (d) Current charge (e) Acting charge (f) Contract; etc.*

Note: The experience gained as trainee, part time, honorary, apprentice and internee will not be considered/counted as experience.

The duties/job specifications are/were as follows: -
(Give complete description including research if involved. May attach an additional sheet if required.)

File No: _____

Date: _____

Office Stamp/Seal

Name & Designation of Issuing Authority _____

Telephone No. _____

Address _____

- Note-1

Benefit for experience will only be granted for the period which has been officially approved and recorded by the competent authority. For example, appointments on Ad hoc/Current charge/Acting charge/Contract basis can only be made by the appointing authority and that too for specific period, specific purpose and under specific circumstances. PPSC will not accept any violation of these conditionalities.
- Note-2

Experience certificate of regular appointment must be issued by the head of Institution/Organisation/Department where the candidate is/has been employed on regular basis.
- Note-3

Experience certificate on Ad hoc/Current charge/Acting charge and Contract basis must be issued by the Appointing Authority for the period a candidate has been employed as such. The certificates issued by the Principal or Medical Superintendent or Head of Department/Organization will not be accepted.
- Note-4

In case of a candidate who has served or is serving in a private Firm/Organization, Experience Certificate must be issued under the signature of chief executive/head of private Firm/Organization.
- Note-5

In case applicant is submitting an additional or separate Experience Certificate, then it should give complete information and nature of experience and must be issued by competent authority on the official letter pad with reference, file number and date of issue and duly stamped with full address, designation and telephone number. Vague, incomplete and inaccurate Experience Certificate will be rejected.
- Note-6

In the case of Barrister or an Advocate of High Court and the Courts subordinate thereto, or a pleader, the exact period during which he/she practiced at the Bar should be mentioned. This Certificate should be signed by the President District Bar Association and duly counter-signed by the District and Sessions Judge concerned (rubber stamps of the both must also be affixed).