



LAHORE ELECTRIC SUPPLY COMPANY

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

Advertisement Date		Domicile		Tracking No.	
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APPLICATION FOR THE POST OF _____

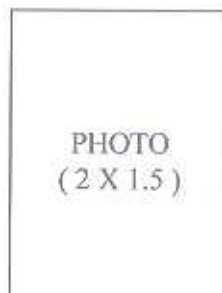
PERSONAL INFORMATION

Name					
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Father's Name					
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Date of Birth		Religion			
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National Identity Card No.		Sex			
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Postal Address					
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Residence Phone No.		Office Phone No.			
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Mobile Phone No.		Email Address			
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ACADEMIC RECORD

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

Computer Skills					
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WORK HISTORY

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

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 is nothing on record of the Department/Office which may render him ineligible for the post. The above 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	
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It is certified that I have verified the above data with office record and found it correct. It is also certified that no brother / sister of applicant was employed in LESCO on LESCO Employees Children Quota.

Signature / Stamp of Concerned Dy. Manager

DECLARATION

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

Date: _____

Signature of Applicant: _____
(As per NIC Card)

IMPORTANT

INCOMPLETE APPLICATIONS WILL BE REJECTED SUMMARILY