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|  | **QUETTA ELECTRIC SUPPLY COMPANY LIMITED** |



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| **APPLICATION FORM** |

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| **CHIEF EXECUTIVE OFFICER** |
| **QUETTA ELECTRIC SUPPLY COMPANY LIMITED** |

**Post Applied for:**

**Department:**

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| **PERSONAL DETAILS** |
| **Title:** |  | **Name:** |  |
| **Father’s  Name(s):** | |  | |
| **Address:** |  | |
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| **Date of Birth** |  |

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| **Nationality** |  |
| **CNIC No.** |  |

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| **National Tax No.** |  |
| **E-mail address:** |  |

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| **EDUCATION / QUALIFICATIONS** |

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| **S.No.** | **Course** | **Subjects** | **University/Institue** | **Year of Passing** | **Division / Class** |
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| **TRAINING COURSES** | **COURSE DETAILS (including length of course / nature of training)** |
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| **EMPLOYMENT HISTORY** |

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| **S. No.** | **Organization** | **Post Held** | **Period (From – To)** | | **Nature of Work / Area of Specialization** |
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**Signature**

**Full Name (In Block Letters)**

**CNIC No.**

**Date:**

**Note:** Any information not provided will render the application incomplete and liable for rejection.

**DECLARATION TO ACCOMPANY THE APPLICATION FORM FOR THE POST OF CHIEF EXECUTIVE OFFICER OF PUBLIC SECTOR COMPANY**

I son of holder of CNIC No. hereby declare that I am not ineligible to act as a Chief Executive in terms of the Fit and proper criteria issued by the Security and Exchange Commission of Pakistan vide the Public Sector Companies (appointment of Chief Executive) Guidelines, 2015 as required in terms of the Public Sector Companies (Corporate Governance) Rules, 2013 or any other relevant provisions of the Companies Act, 2017.

I further solemnly declare that I am not involved in FIA, NAB case nor convicted by a Court for any offence involving moral turpitude, economic offence, disregard of securities and Company Laws.

I further declare that I am not suffering from any present of perceived Conflict of Interest, which would interfere with exercise of independent judgment when acting in the capacity of Chief Executive of the Company, and would be disadvantageous to the interests of the Public Sector Company.

Name

Father Name

CNIC No.

Date

Place

Witness to the Signature

Name

Father Name

CNIC No.