

**APPLICATION FORM FOR THE POST OF FISHERIES DEVELOPMENT
COMMISSIONER**

Name of Applicant: - _____

Father's Name: _____

Date of birth: _____

CNIC #: _____

Domicile: _____

Postal Address: _____

Permanent Address: _____

Phone # _____ Mobile # _____

Academic Qualification: _____

Experience:

Name of Post	Department, (Public/Private)	From	To