



**DEPARTMENTAL PERMISSION CERTIFICATE
FOR USE OF GOVERNMENT SERVANTS**

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(To be detached by the candidate from the Application Form and submitted to his employing Department)

**COMPETITIVE EXAM-2020 FOR ASSISTANT DIRECTOR (BS-17),
SURVEY OF PAKISTAN**

1. (a) Name of candidate: _____
- (b) Father's Name: _____
- (c) Designation _____ Basic Scale _____
- (d) Nature of appointment; **daily wages/contingent/adhoc/contract/temporary/permanent** (strike out which is not applicable).
- (e) Nature of the post; **contingent/Project/regular** _____
- (f) Department (with complete address): _____
- (g) Place of duty: _____
- (h) Tele (with city code) Office: _____ Res: _____ Mob: _____

2. I have applied to the Federal Public Service Commission, Islamabad for the above Examination on the prescribed form. Necessary departmental permission for applying for the above said examination may kindly be forwarded to the Secretary, Federal Public Service Commission, F-5/1, Aga Khan Road, Islamabad, at the earliest. Closing date for receipt of application by the Commission is _____.

3. I declare that the Department/Office in which I am serving is not an Autonomous/Semi-Autonomous body/organization.

Signature and Name of Candidate

(TO BE FILLED IN BY THE DEPARTMENT)

No. _____

Date: _____

4. Forwarded: Mr./Miss/Mrs. _____ is employed in this Department since _____. He/she holds a *Temporary/Contractual/Permanent post under the *Federal/Provincial Government and is drawing his/her pay in BS _____.

5. The total period of continuous Government service since _____ rendered by him/her on _____ will be _____ Year(s) _____ Month(s) _____ Day(s).

6. The place of domicile as declared by him/er at the time of first entry into Government Service was _____ (Provincial/Area in case of Khyber Pakhtoonkhwa whether Khyber Pakhtoonkhwa Provincially Administered Tribal Area or Khyber Pakhtoonkhwa settled area, and in case of Sindh whether Sindh (Rural) or Sindh (Urban)).

7. His/her character, so far as known to me is good and there is nothing against him/her which may render him/her ineligible for the Competitive Examination, 2020.

8. Certified that this Department/Office is not an Autonomous/semi-Autonomous body/organization.

Signature: _____

Name: _____

Designation: _____

Department: _____

Telephone No: _____

To
The Secretary,
Federal Public Service Commission,
F-5/1, Aga Khan Road,
Islamabad.

(Official Stamp must be affixed here)