

**DECLARATION FORM**

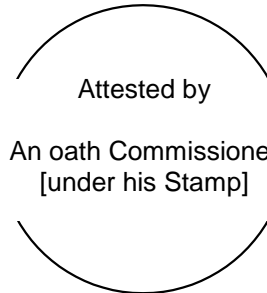
I \_\_\_\_\_ son of \_\_\_\_\_, holder of CNIC No. \_\_\_\_\_ hereby declare that concealment or mis-representation of facts at any stage will lead to disqualification of my candidature against the post of Director Security FESCO.

Signature: .....

Full Name (in Block Letters),  
Designation, NIC Number,  
and Full Address

Date: \_\_\_\_\_

Place: \_\_\_\_\_



Witness to the signature:

Signature: .....

Full Name, Father's/ Husband's  
Name (in Block Letters)  
NIC Number,  
Occupation Full  
Address

**Note: To be made on stamp paper of requisite amount duly verified by Oath Commissioner to be submitted with the hard copy of application.**