

PAKISTAN DEFENCE OFFICERS HOUSING AUTHORITY

2-B, East Street, Phase-I, Defence Housing Authority, Karachi.
Telephones: 9266801-5, 111 589 589, Fax: 5886406
Web Site: www.dhakarachi.com.pk/E-mail:dha@dhakarachi.com.pk

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FORM OF APPLICATION FOR REGISTRATION IN CATEGORY "S" (ESS)

SPECIAL ALLOTMENTS

READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING

OFFICE USE ONLY
Membership No. _____
Date _____

SERIAL

PHOTO
(Please Paste)

(Passport Size)
(Unattested)

PERSONAL PARTICULARS

- Name : Mr./Mrs. /Miss./Mst. _____
- Marital Status : Married Unmarried Divorcee Widower Widow
- CNIC No.

					-									-	
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- NICOP No.

					-									-	
--	--	--	--	--	---	--	--	--	--	--	--	--	--	---	--
- POC No.

					-									-	
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- NIC Family No. _____
- Date of Birth _____
- Visible Mark of Identification _____
- Passport No. _____
- Domicile _____
- Nationality _____
- Religion _____
- Sect _____

PROFESSIONAL INFORMATION

- Qualification _____
- Profession _____
- Designation _____
- Name/Address of Organization _____

ADDRESSES

- Present Address : _____
- Mailing Address (If different to Present Address) _____
- Permanent Address : _____
- E-Mail : _____

CONTACTS

- Tele Office : _____
- Residence : _____
- Mobile : _____
- Fax : _____
- Other : _____

PAKISTAN DEFENCE OFFICERS HOUSING AUTHORITY
DETAILS OF FAMILY MEMBERS
(TO BE FILLED IN BLOCK LETTERS)

1.	FATHER'S NAME																						
	CNIC NO.															-							-
	PROFESSION																						
	NAME OF ORGANIZATION																						
	DESIGNATION																						
	IF SELF-EMPLOYED JOB DESCRIPTION											Phone No:											
	ADDRESS																						
2.	MOTHERS'S NAME																						
	CNIC NO.															-							-
	PROFESSION																						
	NAME OF ORGANIZATION																						
	DESIGNATION																						
	IF SELF-EMPLOYED JOB DESCRIPTION											Phone No:											
	ADDRESS																						
3.	SPOUSE' NAME																						
	CNIC NO															-							-
	PROFESSION																						
	NAME OF ORGANIZATION																						
	DESIGNATION																						
	IF SELF-EMPLOYED JOB DESCRIPTION											Phone No:											
	ADDRESS																						
4.	CHILDREN OVER 18 YEARS																						
	(1) NAME																						
	CNIC NO.															-							-
	(2) NAME																						
	CNIC NO.															-							-
	(3) NAME																						
	CNIC NO.															-							-
	(4) NAME																						
	CNIC NO.															-							-
	(5) NAME																						
	CNIC NO.															-							-
5.	CHILDREN UNDER 18 YEARS																						
	(1) NAME																						
	Child Registration No.															-							-
	(2) NAME																						
	Child Registration No.															-							-
	(3) NAME																						
	Child Registration No.															-							-
	(4) NAME																						
	Child Registration No.															-							-
	(5) NAME																						
	Child Registration No.															-							-

Date _____

Signature _____

Name _____

Note :

1. Use Extra Sheet if necessary.