

Islamabad.

DEPARTMENTAL PERMISSION CERTIFICATE FOR USE OF GOVERNMENT SERVANTS

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

COMPETITIVE EXAMINATION (CSS), 2017

1.	(a)	Name of candidate	
	(b)	Father's Name	
	(c)	Designation	Basic Scale
	(d) Nature of appointment; <u>daily wages/contingent/adhoc/contract/temporary/permanent</u> (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:Re	es:Mob:
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:
*conti	yed ngent/Pi	rded; Mr. /Miss/Mrs in this Department since roject/Contractual/Temporary /Permanent post unde	He/she holds a
5. on 31.		tal period of continuous Government service since _ will beYear(s) Month(s)Da	rendered by him/ her y(s).
6. The place of domicile as declared by him/her at the time of first entry into Government Service was (Province/Area in case of Khyber Pakhtoonkhwa whether Khyber Pakhtoonkhwa Provincially Administered Tribal Area/FATA/Khyber Pakhtoonkhwa settled area, and in case of Sindh whether Sindh (Rural) or Sindh (Urban).			
7. him/he	7. His/her character, so far as known to me is good and there is nothing against him/her which may render nim/her ineligible for the Competitive Examination, 2017.		
8.	Certified that this Department/Office is not an Autonomous/Semi-autonomous body/organization.		
То			Signature: Name: Designation: Department: Telephone No:
The Secretary,			(Official Stamp must be affixed here)