**Tribal Areas Electricity Supply Company**

**Application Form**

**For the post of Chief Executive Officer**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **CNIC No.** |  | **Date of Birth:** |  |
| **Mobile No.** |  | **Land-line No.** |  |
| **Email Address:** |  | | |
| **Mailing Address:** |  | | |

**Post-Qualification Relevant Work Experiences:**

(Note: Starting from Current Job. Overlapping experience will not be counted, work experience must be supported with experience certificates). If required additional row (s) may be added.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.No.** | **Organization** | **Position Held** | **Job Period (dd-mm-yyyy)** | |
| **From** | **to** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Senior Management Experience (at least 3 years) (supported by experience letters):**

If the applicant possesses experience of working in the Public Sector or Public Sector Company, his experience in a position of BS-20 or equivalent to BS-20 whether on substantive basis or on additional charge or acting charge or current charge or look after basis or upgraded to BS-20, shall qualify as Senior Management Experience. For private sector, it shall mean experience of C-Level.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.No.** | **Organization** | **Position Held** | **Job Period (dd-mm-yyyy)** | |
| **From** | **to** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Educational Details:**

Please list chronologically, start with the most recent one. If required additional row (s) may be added.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr.No.** | **Name of Degree/Certificate** | **Subjects / Majors** | **University / Institute / Board** | **Year of Passing** | **Division / Grade** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

**Certification and Affiliations:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.No.** | **Certification/ Affiliation/Membership/ Licensing Authority\*** | **Date of Issuance** | **Certification/Membership/**  **License Number**  **(if applicable)** |
| 1 |  |  |  |
| 2 |  |  |  |

**References:** (two works and two personal)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.No** | **Name** | **Designation** | **Address** | **Contact** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CERTIFICATE:**

I solemnly affirm that the information contained in this Form is true and correct to the best of my knowledge and belief.

**Date: \_\_\_\_\_\_\_\_\_\_ Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_**