APPLICATION FORM FOR APPOINTMENT AS SPECIAL PROSECUTOR
IN ANTI NARCOTICS FORCE

Application for Special Prosecutor for Civil Court / CNS Court

Name of Applicant _____
(In Block Letter)

Father/Husband Name _____

CNIC # of Applicant _____

Cell # of Applicant _____

District of Domicile _____Date of Birth_____Martial Status _____

Nationality _____Religion_____Sect_____

Present Address _____

_____PTCL/Cell No._____

Permanent Address_____

_____PTCL/Cell No._____

Station of Practice _____

Office Address _____

_____

PTCL #_____Fax #_____

Qualification:

Certificate/ Degree	Institute attended	Session	Marks obtained	Board/ University	Percentage/ Grade	Remark

Note:
Must be mentioned in descending order i.e; Latest degree 1st
Date of enrolment in Bar Council as:

a. Advocate for Lower Court _____Member D/TBA_____
b. Advocate High Court _____Member HCBA_____
c. Advocate Supreme Court_____Member SCBA_____

Brief description of Experience _____
_____
_____
_____
_____

*List of reported cases/judgment should be attached

_____
Signature of Applicant