



**SCHOOL EDUCATION DEPARTMENT**  
Government of Balochistan

**Recruitment Test for**  
**Junior English Teacher (JET) (BPS-14)**

Graduation in second division

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اس فارم کا اطلاق صرف مذکورہ بالا آسانی کیلئے ہوگا۔ دیگر آسامیوں کیلئے متعلقہ درخواست فارم علیحدہ فیس کے ساتھ ارسال کریں۔

**Eligibility Criteria:**

|                                                                                            |                              |                             |
|--------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| A. Is your age according to the prescribed age limit for the desired Post as on 17-03-2023 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Do you have relevant / prescribed <b>Qualification</b> as mentioned in Advertisement?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Do you have Local/Domiciled of Baluchistan?                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If your reply is "Yes" to A, B & C above, only then please proceed further. Otherwise you are not eligible to apply.

**Personal Information:** Use CAPITAL letters and leave spaces between words.

|                                                                                                                            |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  |                                                                                                                                |                                                                                        |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
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| 01. Name in Full:                                                                                                          |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  |                                                                                                                                |                                                                                        |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 02. Father's Name:                                                                                                         |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  |                                                                                                                                |                                                                                        |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 03. Candidate CNIC #:                                                                                                      |                               |  |  |  |  |  |  |  |  |                              | Write your correct Date of Birth mentioned on your CNIC otherwise you will be rejected. |  |  |  |  |  |  |  |  |                                                                                                                                |                                                                                        |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 04. Gender:                                                                                                                | <input type="checkbox"/> Male |  |  |  |  |  |  |  |  |                              | <input type="checkbox"/> Female                                                         |  |  |  |  |  |  |  |  |                                                                                                                                | 05. Date of Birth:<br>Write your correct Date of Birth otherwise you will be rejected. |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
|                                                                                                                            |                               |  |  |  |  |  |  |  |  | D D - M M - Year             |                                                                                         |  |  |  |  |  |  |  |  |                                                                                                                                |                                                                                        |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
|                                                                                                                            |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  |                                                                                                                                |                                                                                        |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 06. Email Address:<br>(Mandatory)                                                                                          |                               |  |  |  |  |  |  |  |  | 07. Marital Status:          |                                                                                         |  |  |  |  |  |  |  |  | <input type="checkbox"/> Married                                                                                               |                                                                                        |  |  |  |  |  |  |  |  | <input type="checkbox"/> Unmarried  |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 08. Are you Hafiz e Quran?                                                                                                 |                               |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes |                                                                                         |  |  |  |  |  |  |  |  | <input type="checkbox"/> No                                                                                                    |                                                                                        |  |  |  |  |  |  |  |  | 09. Are you Claim Age Relaxation?   |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes                                                          |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> No |  |  |  |  |  |  |  |  |  |
| 10. Postal Address:<br>All correspondence will be made on this address through courier service or ordinary postal service. |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  |                                                                                                                                |                                                                                        |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
|                                                                                                                            |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  | City:                                                                                                                          |                                                                                        |  |  |  |  |  |  |  |  | District:                           |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 11. Personal Mobile No:<br>Do not give your ported / connected mobile number, otherwise you will not receive sms from SBK. |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  | (Father/Guardian Mobile No)<br>Do not give your ported / connected mobile number, otherwise you will not receive sms from SBK. |                                                                                        |  |  |  |  |  |  |  |  |                                     |  |  |  |  |  |  |  |  |  |                                                                                       |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 12. Are you a Serving Government Employee?<br>If yes, please attach NDC                                                    |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes                                                                                                   |                                                                                        |  |  |  |  |  |  |  |  | <input type="checkbox"/> No         |  |  |  |  |  |  |  |  |  | Total Continuous Job Experience as on closing date of applications: Years Months Days |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 13. Are you a serving employee of Baluchistan Education Department?<br>If yes, please attach NDC                           |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes                                                                                                   |                                                                                        |  |  |  |  |  |  |  |  | <input type="checkbox"/> No         |  |  |  |  |  |  |  |  |  | Total Continuous Job Experience as on closing date of applications: Years Months Days |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 14. Religion:                                                                                                              |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  | <input type="checkbox"/> Muslim                                                                                                |                                                                                        |  |  |  |  |  |  |  |  | <input type="checkbox"/> Non Muslim |  |  |  |  |  |  |  |  |  | If Non Muslim, Please Specify: _____                                                  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 15. Are you applying against 5% Minority Quota?                                                                            |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes                                                                                                   |                                                                                        |  |  |  |  |  |  |  |  | <input type="checkbox"/> No         |  |  |  |  |  |  |  |  |  | If Yes, Please Specify: _____                                                         |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |
| 16. Are you applying against 5% Disability Quota?<br>If yes, please attach Social Welfare Disability Certificate           |                               |  |  |  |  |  |  |  |  |                              |                                                                                         |  |  |  |  |  |  |  |  | <input type="checkbox"/> Yes                                                                                                   |                                                                                        |  |  |  |  |  |  |  |  | <input type="checkbox"/> No         |  |  |  |  |  |  |  |  |  | If Yes, Please Specify: _____ Social Welfare Certificate No: _____                    |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |

**Only for Married Female Candidates:**

صرف شادی شدہ خواتین امیدواران ہی صرف کریں۔

|                                                       |                                                                                                                                                             |                             |                                   |                              |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|------------------------------|--|--|--|--|--|--|----------------|--|--|--|--|--|--|--|--|--|
| 17. Are you applying against your Husband's Domicile? | <input type="checkbox"/> Yes                                                                                                                                | <input type="checkbox"/> No | Computerized NIKAAH NAMA attached | <input type="checkbox"/> Yes |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 18. Husband's Name:                                   |                                                                                                                                                             |                             |                                   |                              |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| 19. Husband's Domicile District                       | For those candidates who apply on her Husband's Domicile District will appear only in Husband's Domicile District and should attach NIKAAH NAMA (Mandatory) |                             |                                   |                              |  |  |  |  |  |  |                |  |  |  |  |  |  |  |  |  |
| District:                                             | Tehsil:                                                                                                                                                     |                             |                                   |                              |  |  |  |  |  |  | Union Council: |  |  |  |  |  |  |  |  |  |

# Formc Question Papers

**K Morrison**



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