

s.r #	Name	FATHER NAME	Form No.	Post Applied for	Quota	CNIC	DATE O/B	ADDRESS	EDUCATION	DISTRICT
1	M.WAQAS	M.ITFAQ	1917	WASHERMAN	DISABLE	35201-4509837-7	01..01.1994	MUSLIM BAD SHALIMAR TOWN LAHORE	NILL	LAHORE