

SINDH PUBLIC SERVICE COMMISSION, HYDERABAD



OPTION FORM

(To be submitted on the date of Interview)

The Combined Competitive Examination-2020 is being conducted for recruitment to various posts under Government of Sindh. The exact number and name of the posts/services will be announced at the time of final selection. However, the following posts likely to be filled, are as under:

Sr. No.	Name of Post alongwith Department
1	Provincial Management Service (PMS) (BPS-17), SGA&CD
2	Deputy Superintendent of Police BPS-17 in Home Department.
3	Deputy Superintendent (Prisons) BPS-17 in Home Department.
4	Assistant Superintendent (Prisons) BPS-16 in Home Department.
5	Assistant Director Narcotics Control BPS-17 in Excise & Taxation Department.
6	Excise & Taxation Officer BPS-17 in Excise & Taxation Department.
7	Assistant Registrar Cooperative Societies BPS-17 Cooperative Department
8	Assistant Director (BPS-17) Local Government
9	Mukhtiarkar BPS-16 in Revenue Department.
10	Assistant Director Labour BPS-17 in Labour & Human Resources Department
11	Labour Officer BPS-16 in Labour & Human Resources Department
12	District Food Controller / Storage & Enforcement Officer (BPS-16+Spl:Pay) in Food Department
13	Additional District Food Controller BPS-16 in Food Department

Note:

- a. Please indicate your choice in the order of preference in respect of the posts/service for which you wish to be considered.
- b. No change of option shall be allowed subsequently.
- c. Allocation of the post will be considered on the basis of:
 - (i) Choice of the candidate
 - (ii) Order of merit.

I _____ S/O, D/O, W/O _____
Roll No. _____ Domicile _____ a candidate for Combined Competitive Examination-2020 hereby exercise my option for the posts/services in the order of preference given below:

ORDER OF PREFERENCE	NAME OF THE POST/SERVICE FOR WHICH CANDIDATE WISHES TO BE CONSIDERED IN THE ORDER OF PREFERENCE.
1 st Preference	
2 nd Preference	
3 rd Preference	
4 th Preference	
5 th Preference	
6 th Preference	
7 th Preference	
8 th Preference	
9 th Preference	
10 th Preference	
11 th Preference	
12 th Preference	
13 th Preference	

Signature. _____ Roll No. _____

Name _____ S/O, D/O, W/O _____

Date of Birth as per matriculation certificate. _____ Mobile No. _____

Address _____

Date: _____