KLP-2026

LAHORE ELECTRIC SUPPLY COMPANY

HR DIRECTORATE, RECRUITMENT & SELECTION, 22-A QUEENS ROAD, LAHORE

CERTIFICATE

It is certified that Mr/Miss/Mst. _____ S/D/Wd/o _____ CNIC # _____ Desig. _____ ERP # _____ is/was working in _____ Sub Division / Division and **Died after retirement** ☐ **Retired on Medical Ground** ☐ **Died during service** ☐ **Retired** ☐ **Working** ☐ from his/her service on/since_____.

Mr/Miss/Mst. _____ is his/her real son/daughter/widow and no child/dependent of late Mr/Miss. _____ has been appointed in LESCO / WAPDA.

Deputy Manager (Op)
Division LESCO
Sign & Stamp

Assistant Manager (Op)
Sub Division LESCO
Sign & Stamp

Endst: No._____ Dated: _____

Deputy Manager (Op)
Division LESCO
Sign & Stamp

Forwarded in original to M/s Open Testing Service accompanying OTS Application Form & following documents:

1. Attested copy of CNIC of Father & Mother
2. Affidavit on stamp paper

Note: *Only cases in which the date of death of the LESCO employee (father/mother of the applicant) is on or after 18.10.2024 shall be eligible for consideration under the "Died During Service" category against LESCO advertisement dated 02.08.2026.*