



Medical Teaching Institution Mardan Medical Complex Mardan

JOB APPLICATION FORM

(To be filled with Computer)

Job Advertisement No _____

2x Photo

Post Applied for: _____

Bank Deposit Slip No. _____

1. Applicant's Name: _____ 2. Father/Husband: _____
3. Date of Birth: _____ 4. Domicile: _____
(Dist./Agency name)
5. CNIC No. _____ 6. Gender (Male/Female): _____
7. Email address: _____ 8. Contact No. _____
9. Age : _____ Years _____ Months 10. Home Address: _____

11. EDUCATIONAL QUALIFICATION (Starting from the recent one):

S#	Qualification	Year	Marks			Institution
			Total Marks	Obtained	% age	
1	SSC					
2	FSc					
3	BSc Nursing					
4	Post RN					
5	Other Qualification					

12. PNC Registration No. _____

Validity _____

13. EXPERIENCE (Starting from Recent/Current job):

S#	Designation/ Post	Name of Organization	From	To	Total Experience in years
1					
2					



Medical Teaching Institution Mardan Medical Complex Mardan

3					
4					
5					
6					

14. Give Two Referee Names (Only Professional or Educational References are required):

Name: _____

Name: _____

Designation: _____

Designation: _____

Relationship: _____

Relationship: _____

No. of Years of Acquaintance: _____

No. of Years of Acquaintance: _____

Contact No. _____

Contact No. _____

Email Address: _____

Email Address: _____

15. Attach attested copies of the following Documents to this job application form:

- | | | |
|--|--------------|-----------------------------|
| i. CNIC | ii. Domicile | ii. Two Recent Photographs |
| iii. Educational Degrees and Transcripts | | iv. Experience certificates |
| v. Original Bank Deposit Slip | | vi. Current CV/Bio data |
| vii. PNC Reg. Card | | |

16. List of attested documents attached.

Page No.

- | | |
|---|-------|
| i. CV/ Bio-data | _____ |
| ii. Matric (S.S.C.) | _____ |
| iii. Intermediate F. Sc. | _____ |
| iv. Nursing Degree | _____ |
| v. Higher Qualification | _____ |
| vi. Detail Marks Sheets (DMCs) | _____ |
| vii. Experience Certificates | _____ |
| viii. Domicile Certificate | _____ |
| ix. C.N.I.C | _____ |
| x. NOC (Through Proper Channel Optional) (Advance copy) | _____ |
| xi. Original Bank Deposit Slip | _____ |
| xii. Any other Document | _____ |

17. Applicant's Declaration: I, Mr./Ms....., hereby solemnly Affirm that the information given above is true, correct and that nothing have been concealed.

Applicant's Signature & Date: _____