



Medical Teaching Institution, Mardan Medical Complex

JOB APPLICATION FORM

(To be filled with Computer)

Job Advertisement No. _____

Bank Deposit Slip No. _____

2x Photo

Post Applied for: _____

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

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

S#	Qualification	Year	No of Attempts	Marks			Institution
				Obtained Marks	Total Marks	% age	
1	1 st Professional						
2	2 nd Professional						
3	3 rd Professional						
4	4 th Professional						
5	5 th professional						
6	FCPS Part-I						
	FCPS Part-II						
7	Any Other (Trainings / Qualifications)						

12. PMDC Registration No. _____ Validity _____

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

S#	Designation/ Post	Name of Organization	From	To	Total Experience in years
1					
2					
3					
4					



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

Name: _____
Designation: _____
Relationship: _____
No. of Years of Acquaintance: _____
Contact No. _____
Email Address: _____

Name: _____
Designation: _____
Relationship: _____
No. of Years of Acquaintance: _____
Contact No. _____
Email Address: _____

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

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

16. List of attested documents attached.

Page No.

- | | |
|---|-------|
| i. CV/ Bio-data | _____ |
| ii. Matric (S.S.C.) | _____ |
| iii. Intermediate F. Sc. | _____ |
| iv. Medical 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: _____