



# MARDAN MEDICAL COMPLEX

MEDICAL TEACHING INSTITUTION, MMC-MTI  
Main Nowshera Road, Mardan KP, Pakistan



Job Application Form

<b>Position Applied For:</b>	
<b>Advertisement No./Date:</b>	

**ATTACHMENTS:**

- 1- Attested photocopy of CNIC
- 2- 2 Attested (passport size) photographs
- 3- Attested Photocopies of all necessary documents like Degree, Certificates, Experience Certificate, Domicile, License
- 4- Original Bank Deposit slip/Voucher/Draft

**Bank Draft Details:**

**Deposit Slip/ Bank Draft No:** \_\_\_\_\_ **Deposit Date:** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

**Branch Code:** \_\_\_\_\_

**Applicant Information:**

**Full Name:** \_\_\_\_\_

**Father/Husband Name:** \_\_\_\_\_

**CNIC/Passport No:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

**Domicile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact No (Primary):** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Contact No (Secondary):** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Blood Group:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Expected Salary:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Next of Kin (Name):** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Contact Details:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Educational Qualification:** (Starting from recent one)

S.No	Degree/Diploma/ Certificate	Name of Board/ University	Date of Issuance	Total Marks	Obtained Marks	Percentage
1						
2						
3						
4						
5						



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## Professional Courses/ Trainings: (If Any)

S.No	Course/Training Title	Department Name	Training Venue	Completion Date
1				
2				

## Professional Registrations : (If Any)

S.No	Registration Body	Registration Number	Issue Date	Expiry Date
1				

## Professional Experience: (Starting from recent one)

S.No	Organization Title	Designation /Post	From Date	To Date	Last Salary	Reason of Leave
1						
2						
3						
4						
5						

## Professional References: (At Least Two)

S.No	Referee Name	Designation	Relationship	Contact Number	Email Address
1					
2					

Disability (if any): Yes\_\_\_\_ No\_\_\_\_

Do You Have Any Criminal Record (if any): Yes\_\_\_\_ No\_\_\_\_

Are You Currently Employed? : Yes\_\_\_\_ No\_\_\_\_

Are you currently in any Govt. Service? : Yes Provide NOC\_\_\_\_



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Can we approach your current employer? : Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant Declaration:** I, Mr. / MS \_\_\_\_\_ hereby solemnly affirm that the information given above are true, correct and that nothing has been concealed.

**Thumb Impression:** \_\_\_\_\_ **Applicant Signature & Date:** \_\_\_\_\_

### Important Notes:

- 1- Job Applications, duly filled, are only accepted against the advertised posts.
- 2- Incomplete Applications are not acceptable.
- 3- Job Application submitted after closing date will not be entertained.
- 4- Candidates will be contacted through given contact numbers or email.
- 5- Only Shortlisted Candidates will be contacted for Test/interview.
- 6- Kindly bring your original documents at the time of interview
- 7- Printed form along with all necessary documents must reach before closing date on address:  
**Office of the Manager HR & OD, Mardan Medical Complex, Mardan.**

### **FOR OFFICIAL USE ONLY:**

SCRUTINY COMMITTEE
Eligible ? : Yes _____ No _____
If Not Eligible, Please Specify : _____
Scrutiny Committee Remarks: _____
Date: _____

**HR Officer Sign :** \_\_\_\_\_