

NISHTAR MEDICAL UNIVERSITY, MULTAN



BIO DATA FORM

"Please attach
two recent
passport-size
color
photographs
here."

Post Name: _____

Department: _____

Nam of applicant (in Block Letter): _____

S/o, D/O, W/o: _____

Date of birth DD/MM/YY ____/____/____ Age: ____ Years ____ Month ____ Days ____
(on the last date of submission of application)

CNIC							-										
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Domicile: _____ District: _____

Marital Status: Single _____ Married _____ Widowed _____

Telephone Number: Mobile _____ PTCL: _____

Email Address: _____

Postal Address: _____

Permanent Address: _____

Basic Qualifications:

Qualification	Year	Institution	Total Marks	Marks Obtained	% age	Attempts
Matriculation						
Intermediate						
Bachelor						
Master						
Any Other						

Position in the Board / University
(If any Position in Board / University)

Qualification	Year	Institution

Experience

Designation	Hospital/ Institution	Period		Duration
		From	To	

(Please attach copies of all relevant documents)

NTS Result

Roll No.	Obtain Marks	Total Marks

Checklist

Please write YES or NO against the photocopies of certificates and other documents which you have attached with the application.

A	CNIC		B	Domicile	
C	NTS Result Card		D	Matriculation Result Card / Degree	
E	Intermediate Result Card / Degree		F	Bachelor Result Card / Degree	
G	Master Result Card / Degree		H	MS / M.Phil Result Card / Degree	
I	PhD Result Card / Degree		J	Computer Diploma	
K	Experience Certificate		L	NOC if you are Government Servant	
Any other					

I have filled this bio data form carefully. I do hereby solemnly declare that replies given by me in this bio data form are correct to the best of my knowledge.

I fully understand that if my bio data form is incomplete, unsigned or not accompanied by the attested photocopies of all the relevant documents, it will be rejected.

Signature of candidate _____