FORM No.

NISHTAR MEDICAL UNIVERSITY, MULTAN

JOB APPLICATION PROFORMA

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

Post applied for: _____

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						-								-	

Domicile: _____ District: _____

Marital Status: Single_____ Married _____ Widowed _____

Telephone Number: Mobile _____ PTCL: _____

Email Address: _____

Postal Address: (where interview call is to be sent) _____

_____

Permanent Address: _____

_____

Basic Qualifications:

Qualification	Year	Institution	Total Marks	Marks Obtained	% age	Attempts
Matric						
Intermediate						
Please calculate marks of all professional result and also calculate percentage						

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

Qualification	Year	Institution

(Please attach copies of all relevant documents)

Service Experience

Designation	Hospital/ Institution	Period		Duration
		From	To	

(Please attach copies of all relevant documents)

Checklist

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

A	Matriculation		B	Intermediate	
C	Bachelor		D	Master	
E	M. Phil		F	Domicile	
G	CNIC No.		H	Picture	
I	Experience Certificate including Internship		J	NOC if you are Government Servant	
Any other					

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

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

*Dated:*_____ *Signature of candidate*_____