

KHYBER PUKHTUNKHWA HEALTH CARE COMMISSION

APPLICATION FORM INSTRUCTION

These instructions are for your guidance. Do not detach this sheet from the application form. Read it carefully before filling the application form and sign it in token of having read and understood these instructions. Submit the application and address it with all the related correspondence to Chief Executive Officer, Khyber Pakhtunkhwa Health Care Commission, FF-01 Deans Trade Center Peshawar Cantt.

1. **Filling of Application Form:** Fill legibly in your own handwriting. Answer all columns. Write “not applicable” or “Nil” against column which does not apply to you or when information asked for is “Nil”. Add white sheet if you find any part of the application form inadequate.
2. **Correspondence:** In your correspondence with the Commission, quote number of the advertisement with serial number of the post applied for and your postal address. It is for you to inform the Commission of changes in your postal address. The Commission does not accept any responsibility for delayed or undelivered communications.
3. **Submission of Application Form:** The application Form can only be submitted through postal/courier services, by hand submission will stand cancelled.
4. **Serving Candidates:** Candidates who are already in service of Government / Semi Government / Autonomous Bodies may apply with departmental permission to the Commission before the closing date for the applications. The Commission does not allow any extra time, beyond the closing date, for postal transit or for routing the application through the Department, failing which their applications will be liable to rejection.
5. **Age of the Candidate:** Age in all cases shall be reckoned on the date specified in the Advertisement.
6. **Certificates:** Send attested photo copies of the certificates and documents as listed/required/mentioned in advertisement with the application form. If a document does not apply to you, write “not applicable” in the column for the page number.
7. **Domicile of Female Candidates:**
 - (a) In the case of married female candidates their husband domicile will be required if they were married before entry into Government Service.
 - (b) In Case she is married after entry in Government Service or is still unmarried their own domicile will be required.
8. **Eligibility:** A candidate must, through this application, satisfy the Commission that he/she is eligible as per condition of the advertisement for the post for which this application is being submitted. The following candidates of eligibility must be strictly kept in view:
 - (a) Only those candidates are eligible whose results are declared before the last date fixed for the receipt of application of inland candidates.
 - (b) If experience is a mandatory requirement for the post then the candidate must possess the required length of experience on the last date fixed for receipt of applications.
 - (c) Minorities and Disability certificates to be attached. (if applicable)
9. **Disclaimer:** - Candidates must disclose their relation with any person working in KPHCC in application form (if applicable), hiding or wrong/misleading statement will lead to disqualification/termination.

- 10. Interview:** Candidates called for interview will attend at their own expense.
- 11. Note:** All pages of the application and the attachments must be signed by the applicant
- 12. Warning:**
- (a) Any attempt to influence the Commission in your favour or harm a rival candidate, will disqualify you.
 - (b) A false statement in the application or during interview will, even if detected after your selection means your outright rejection.
 - (c) With-holding of any material information will disqualify you for the post applied for.
 - (d) Make sure that your application is complete in all respects. Incomplete and late applications are ignored.
 - (e) The Commission accepts only the latest passport size attested photograph with your application.
 - (f) The attesting authority should sign with his designation and date at the back of the photograph. The photograph should not be glued (pasted) but attached to the place indicated in the application form. The purdah observing female candidates can be exempted from the requirement of photograph provided she attaches an affidavit to the effect that she has never provided her photographs in any Board/ University Examination.

NAME OF THE APPLICANT: _____

SIGNATURE: _____ **Date:** _____



KHYBER PAKHTUNKHWA HEALTH CARE COMMISSION APPLICATION FORM



Post applied for _____

Advertisement No. _____

Serial No. of Post _____

Space for recent
Passport size
Attested photograph

1. Name in block letters	_____																					
2. Father's Name in block letters	_____																					
3. (a) Postal Address	_____ _____ _____																					
(b) Permanent	_____ _____																					
(c) No. of National Identity Card	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
(d) Telephone No. preferred for communication	Residence _____ Mob _____																					
4. Religion	_____																					
5. (a) Date of birth as per Secondary School Certificate	_____ _____																					
(b) Age on reckoning date	_____ Year _____ Month _____ Days																					
6. Place of birth, District/ Agency and Province	_____ _____																					
7. District/ Agency of your Domicile	_____ _____																					
8. Are you an ex-Service man? (Army, Navy & Air Force, Tick mark the appropriate box)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach Discharge Certificate																					
9. Do you claim physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach Medical Certificate																					
10. Father's Occupation	_____																					
11. Co-curricular activities Including sports & hobbies	_____																					
12. Do you know anyone working in KPHCC (name, relation, designation)	_____																					
13. Do you claim Minority seat quota (Minority Certificate to be attached)	_____																					

14. Experience

Record your Government, Semi-Government or private service. List post most recently held first.

Employer	Post/Position	Permanent/ Temporary	Period From – To	Grade	Reason for leaving

15. Qualification						
Academic Qualification Starting with Matriculation Examination						
Certificate/ Diploma/ Degree / Postgraduate Degree	School/college Institution	Board/ University	Year of Passing as whole or in parts	Marks obtained and total Marks	Division and position in board / University if 1st 2nd or 3rd	Subject

Note: In case of your claim to an equivalent of the prescribed qualification, state if it is recognized by the University Grants Commission. Add
 (a) Copy of Detailed Marks Certificate.

16. Check List

Attach the attested photo copies of the following documents with the application. Write page number on every document that you attach and record these in the 'column' page number.

Name of document	Page No.
(a) Secondary School Certificate
(b) Intermediate
(c) Degrees & Detail Marks Certificate	
1
2
3
4
5
(d) Experience Certificates
1
2
3
4
5
(e) Additional Experience Sheet
(f) Additional Qualification
(g) Short Courses
1
2
3
4
5
(h) Distinction Certificates from the Controller of Examinations of the concerned Board/University, if any
(i) Domicile Certificate
(j) Age Relaxation Certificate (if applicable)
(k) Medical Certificate of physical disability (for disabled candidates)
(l) Minority assurance certificate (if applicable)
(m) Discharge Certificate (for Ex-Serviceman only)
(n) Departmental Permission (NoC)
(o) National Identity Card (photo copy).
(p) Three attested photographs.

- (q) Certificate in support of any other claim not covered by the above
- (r) Any other document that you have attached.

.....

.....

.....

.....

(s) I certify that my answers are true and complete to the best of my knowledge and I will have no objection if my application is rejected with/for the reason of (1. Incomplete information, 2. Incomplete documents attached, 3. Non-visible, fake, forged, misleading information or documents or any legal issue). If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Date

Name: _____

Signature: _____

17. For Official Use Only.

- The application is received on _____ for the post of _____ having Age at the time of closing date _____ with the required education of _____ and experience of _____.

- **The applicant is Eligible Not Eligible.**

- Score as per scoring criteria is _____ out of 70.
- Break down of the score.
 1. Education
 - a. Education required _____
 - b. Higher Education _____
 - c. Additional Education _____
 2. Experience
 - a. Experience required _____
 - b. Additional Experience _____
 3. Courses
 - a. Relevant Courses _____
 4. Position/Post held
 - a. Senior Position Held _____

Remarks _____

Assessor

Reviewer

Chairman of the Committee

Name

Name

Date

Date

Date

Signature

Signature

Signature