



ISLAMABAD HEALTHCARE REGULATORY AUTHORITY

INSTRUCTIONS FOR APPLICATION FORM

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 all related correspondence to **Chief Executive Officer, IHRA, R&I Section Ministry of NHR&C, 3rd floor, Kohsar Block, Pak Secretariat, Islamabad-44000, Tel: 051 9103945. Islamabad.**

1. **Filling of Application Form:** Fill legibly in your own handwriting. Answer all columns. Write **N/A** "Not Applicable" against column which does not apply to you. Extra sheet can be used for additional information; if required.
2. **Correspondence:** In your correspondence with the Authority, quote **"Post Applied For"** on the top right side of the envelop. It is your own responsibility to inform the IHRA. of any changes in your postal address. The Authority will not accept any responsibility for delayed or undelivered correspondence.
3. **Submission of Application Form:** The APPLICATION FORM can **ONLY** be submitted through postal/ courier services.
4. **Serving Candidates:** Candidates who are already in service of Government / Semi Government / Autonomous Bodies may apply with departmental permission (**NOC**). to the Authority before the closing date for the applications. The Authority 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 stand rejected.
5. **Age of the Candidate:** Age shall be reckoned on the date specified in the Advertisement, however; for age relaxation Government rules shall apply.
6. **Certificates:** Send attested photocopies of the certificates and documents as listed/required/mentioned in advertisement with the application form. If a document does not apply to you, write **N/A** "Not Applicable" in the column for the page number.
7. **Eligibility:** A candidate must, through this application, satisfy the IHRA that he/she is eligible as per conditions of the advertisement.
8. The candidate who qualify in minority/ disability quota, must provide the following documents / certificate.
 - (a) Minorities: Affidavit/ Certificate.
 - (b) Disability: Copy of **Special CNIC** (Issued by NADRA)
9. **Disclaimer:** Candidates must disclose their relationship with employee of IHRA in Application Form (if applicable), hiding, wrong or misleading statement will lead to disqualification/ termination.
10. **Interview:** Candidates called for interview will attend at their own expense. No TA/DA will be admissible.
11. **Note:** All pages of the application and the attachments **Must Be Signed** by the applicant.

Signature of the Applicant



12. Important Notes:

- (a) Any attempt to influence the Authority in hiring process to gain favour, will disqualify the candidature.
- (b) A false statement in the application or during interview will result in outright rejection/ termination even if revealed after the selection.
- (c) Ensure that your application is **complete** in all aspect. Incomplete applications or received after due date will stand rejected.
- (d) Attach three latest passport size photograph (2"x2") duly attested by Class-I Gazetted officer (on the back), with your Application.
- (e) The purdah (Veil) 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:** _____



Islamabad Healthcare Regulatory Authority

Post Applied for: _____ S/No. of Post Advertised: _____ Advertisement No: _____	Space for recent 3 Attested photographs Passport size (2"x2") <u>(DO NOT USE GLUE)</u> <u>Staple only</u>
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1. Name (in block capital)	_____																		
2. Father's Name (in block capital)	_____																		
3. (a) Postal Address	_____ _____ _____																		
(b) Permanent Address	_____ _____ _____																		
(c) CNIC No.	<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></tr></table>							-										-	
						-										-			
(d) Telephone No. (Preferred)	Landline: _____ Cell No: _____																		
4. Religion	_____																		
5. (a) Date of Birth (as per CNIC)	_____ Year _____ Month _____ Days																		
(b) Age (when Applying)	_____ Year _____ Month _____ Days																		
6. Place of birth:	_____																		
7. District	_____																		
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. Co-curricular activities Including sports & hobbies	_____																		
12. Do you know anyone working in IHRA (name, relationship, designation)	_____																		
13. Do you claim Minority seat quota (Minority Certificate to be attached)	_____																		

Signature of the Applicant

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

No	Employer	Post/Position	Grade	Permanent/ Temporary	Period		Total Stay	Reason for leaving
					From	To		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Signature of the Applicant

**15. Qualification**

Academic Qualification Starting with Matriculation Examination

No	Certificate/ Diploma/ Degree / Postgraduate Degree	School/ college /Institution	Board/ University	Year of Passing	Marks obtained and total Marks	Division and position in board / University (1 st 2 nd or 3 rd) if any	Subjects
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note: In case of your claim to an equivalency of the prescribed qualification and recognized by the HEC; Attach copy of detailed marks certificate.

Signature of the Applicant



16. Check List

Attach the attested photocopies of the following documents with the application. Mark Page Number on each document that you provide and record these Numbers in Column-2 (Page Number)

Column-1 (Name of document)	Column-2 (Page Number)
(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.

Signature of the Applicant

(h) Distinction Certificates from the Controller of Examinations of the concerned Board/University, if any
i) National Identity Card (photo copy).
(j) For Disability Special CNIC issued by NADRA.
(k) For Minority quota affidavit/ certificate (if applicable)
(l) Discharge Certificate (for Ex-Serviceman only)
(m) Government/ Semi-Government servant must provide departmental permission (NoC) (if applicable).
(n) Age Relaxation Certificate (if applicable)
(o) Three (3) attested photographs. (2"x2")
(p) Any certificate in support of your application (not mentioned above)
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Certificate:

I certify that, all the information mentioned above is correct to the best of my knowledge.

I understand, that Authority has the right to reject my candidature for any of the following reasons;

1. Incomplete information,
2. Incomplete documents,
3. Non-visible, fake, forged, misleading information or documents or any legal issue,
4. Without application fee for the post applied.

I also understand that, if any false or misleading information is found after the hiring process, may result in to termination of my employment.

Applications fee in shape of Pay Order/ Demand Draft/ Banker's Cheque No. _____

Dated: _____ in favour of **Islamabad Healthcare Regulatory Authority, Islamabad** is attached.

Date _____ Name: _____

Signature: _____