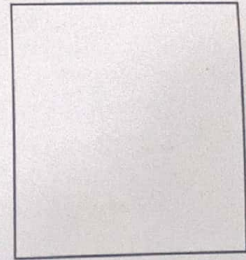


GOVT. KHAWAJA MUHAMMAD SAFDAR MEDICAL COLLEGE, SIALKOT.

APPLICATION FORM (ON ADHOC BASIS)



POST APPLIED FOR: _____
 APPLICANT'S NAME:
 FATHER'S NAME:
 POSTAL ADDRESS:

GENDER: DOMICILE:
 CNIC: DOB:
 PM&DC REG. NO.: MOBILE NUMBER:
 LANDLINE NUMBER E-MAIL:
 ARE YOU A GOVERNMENT EMPLOYEE: YES / NO
 IF YES, POST HELD AT PRESENT (Regular/Contract/Adhoc) BPS.....
 PLACE OF POSTING
 WERE YOU EVER DISMISSED FROM GOVERNMENT SERVICE/AUTONOMOUS BODY?

ACADEMIC QUALIFICATIONS:

CERTIFICATE /DEGREE	BOARD/ UNIVERSITY	MAJOR SUBJECTS	RESULT DECLARED ON	OBTAINED MARKS	TOTAL MARKS	%AGE
Matric						
F.Sc. (Pre Medical)						
First Professional (Part-I)						
First Professional (Part-II)						
Second Professional						
Third Professional						
Final Professional						
Fellowship or equivalent						

SERVICE RECORD/EXPERIENCE (if any)

POST HELD	DEPARTMENT/ OFFICE	STARTING DATE	ENDING DATE	SCALE