KHYBER MEDICAL COLLEGE, PESHAWAR

Application Form for Employment

Post Applied For _____

Affix your recent passport size photograph here

Read the following instructions carefully before filling the form.

1. ***This application form, duly completed should be submitted to the office of the Dean, Khyber Medical College on or before the due date along-with the following documents:-***
   i. *Attested photocopies of certificates (SSC/HSSC/MBBS/Academic certificates/Gold Medals/additional qualification in relevant field/ACLS/ATLS/original research publications, degrees, detailed marks certificates/transcripts, domicile etc.*
2. ***Incomplete application forms and those received after the due date will not be entertained.***
3. ***Use additional sheets, if required.***
4. ***Fill all the columns. Write N/A if not applicable***

1. Name: **(in capital letters)**

2. Father's Name: **(in capital letters)**

3. Gender: **(Please Tick)** ☐ **Male** ☐ **Female** **4. CNIC No.** ☐☐☐☐☐-☐☐☐☐☐☐☐-☐

5. Mailing Address: (for correspondence)

6. Permanent Address:

7. Mobile/Cell No 1.

8. Mobile/Cell No. 2

9. Date of Birth ☐☐-☐☐-☐☐☐☐

10. E-Mail

11. Nationality:

12. Domicile

13. Marital Status

14. Religion

15. ACADEMIC QUALIFICATION: Commencing from the Matriculation or Equivalent Examination

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks/ CGPA
1.	Matric				
2.	Intermediate				
3.					
4.					
5.					
6.					
7.					

16. ADDITIONAL RELEVANT QUALIFICATION/ Professional Qualification/Training/Certification/Others, if any;

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
1.					
2.					

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
3.					
4.					
5.					
6.					

17. EMPLOYMENT RECORD:

S#	Name of Institute / Organization	Period		Designation	BPS	Job Description (Teaching / Research / Admin)	Nature of Job (Permanent/ Temporary)	Status of Organization (Govt./Semi Govt./ Autonomous
		From	To					

Checklist of required documents attached. *(Please mention the attached documents, other than enlisted below, at serial No. 16 & onwards)*

S.No.	Name of Document	Attached ☑ *Please Tick (if attached)*	Not Applicable ☑ *Please Tick (if not applicable)*	Page No. *(Write page number on the top right corner of the attached documents)*
1.	CNIC	☐	☐	
2.	Domicile Certificate	☐	☐	
3.	Matric Certificate	☐	☐	
4.	Matric DMC/Transcript	☐	☐	
5.	Intermediate Certificate	☐	☐	
6.	Intermediate DMC/Transcript	☐	☐	
7.	Bachelors/Graduation Degree	☐	☐	
8.	Bachelors/Graduation DMC/Transcript	☐	☐	
9.	Masters Degree	☐	☐	
10.	Masters DMC/Transcript	☐	☐	
11.	M.Phil/MS Degree	☐	☐	
12.	M.Phil/MS DMC/Transcript	☐	☐	
13.	Ph.D degree	☐	☐	
14.	Post Doctorate Certificate	☐	☐	
15.	Relevant experience Certificate	☐	☐	
16.		☐	☐	
17.		☐	☐	
18.		☐	☐	
19.		☐	☐	
20.		☐	☐	

** Attach additional sheet (if required).*

I hereby declare that all the entries made in this application form and the additional particulars/documents furnished therein are true and to the best of my knowledge and belief.

Date: _____/_____/_____

_____

Signature of Applicant