

KHYBER TEACHING HOSPITAL / Khyber Medical College /
Khyber College of Dentistry PESHAWAR

APPLICATION FOR THE POST OF

1. Name_____ 2. Father's Name _____
3. Date of Birth_____ 4. Domicile_____
5. CNIC #: _____ 6. Phone No. i) Cell No. _____
ii) Res. PTCL _____
iii) Any other contact
No. _____
7. Permanent Address_____
8. Mailing Address _____
9. Present posting if any _____
10. **EDUCATIONAL QUALIFICATION**

<u>S.No.</u>	<u>Qualification</u>	<u>Name of Institution</u>	<u>Year</u>	<u>Award if Any</u>
<u>1</u>				
<u>2</u>				

11. Experience before postgraduate qualification (in the relevant speciality)

<u>S.No</u>	<u>Designation</u>	<u>Institute/Hospital/Unit</u>	<u>From</u>	<u>To</u>	<u>Total stay</u>

(2)

12. EXPERIENCE AFTER POST GRADUATE QUALIFICATION (in the relevant speciality)

S.No	Designation	Institute/Hospital/Unit	From	To	Total stay.

12. Research Papers:

S.No.	Title of research paper/article	Name of Journal with year, Vol. No., page No.	Authorship whether Ist, 2 nd , 3 rd , 4 th so on
1			
2			
3			
4			
5			

Signature of the Applicant

Note: Application form must be filled completely and should accompany copies of all necessary documents, research papers etc; otherwise application form will not be entertained.