

GOVERNMENT OF PAKISTAN PAKISTAN INSTITUTE OF MEDICAL SCIENCES G-8/3, ISLAMABAD

01 Photograph attested

APPLICATION FORM										
Name of Post							BP	S		
Name of Candidate										
Father's Name / Husband Name										
Date of Birth	DAY Are you Gov	Month vernment Emp	YEAR ployees : YES / NO							
Domicile	Province District (in case of province Sindh please mentioned Sindh-R Or Sindh –U) (As per FPSC Rules Sindh – U (Karachi, Hyderabad & Sukkur City) remaining Districts in Sindh-R)									
Nationality										
Postal Address										
Permanent Address										
Telephone Number										
CNIC No.				-					-	
ACDEMIC RECORD / QUALIFICATION										
Name of Degree Passed	Year of Passing	Grade / Division	Ma Maximum	-	Name of	Board /	Univers	ity		
Primary	1 assing	DIVISION		Obtained						
Middle										
Matric										
Intermediate										
Diploma										
Bachelor										
Other										
Any other Qualification please attached separate sheet										
EXPERIENCE IN DETAIL IN RELEVANT JOB Name of Department / Ministry / Institute/ Designation Year Total Experience										
Name of Department / Ministry / Institute/ Company etc			Designation		Ye	ar TO		Month		ays
		From			10	I cars	WIOIIU		ays	
				Tot	tal Expe	rience				
	if yes, give det		YES	NO						
	Any other information/experience please attached separate sheet									
Note:- 1. Please fill all items carefully in "BLOCK LETTERS". However, in complete application will not be entertained. 2. Please bring original documents at least one attested copy of each document, at the time of interview/skill test. 3. An advance copy may be sent for initial processing. 4. Government employees will have to produce original NOC from authorized officer of employer at the time of interview										
Date	Signature of the Candidate									