



Affix your recent passport size photograph here

***Application form for Employment***  
**(Managerial & Officers posts)**

**Post Applied For** \_\_\_\_\_

**Instruction:** This application form, duly completed should be submitted to the Human Resources Department, MTI, KTH, Peshawar on or before the due date along with:-

- i. Attested photocopies of certificates, degrees, detail marks certificates, domicile and other relevant documents.
- ii. Persons already in employment should submit their application forms through proper channel along with NOC issued by the competent authority.
- iii. Incomplete application forms (without Bank Drafts) and those received after the due date will not be entertained.
- iv. Use additional sheets, if required.

**1.** Name (in block letters)

**2.** Father's Name

**3.** Address and other particulars:

i. For correspondence (interview call) .....

.....  
 Mobile  Ph. No.

ii. Permanent Address: .....

..... Ph. No.

iii. E-Mail Address .....iv. Gender. ....

v. Nationality .....vi. Religion..... vii. Domicile.....

viii. Marital Status ..... ix. Date of Birth .....

ix. CNIC #

x. Next of kin (**Name & Address**):

\_\_\_\_\_  
 \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact #:

xi. **Education:** **Commencing from the Matriculation or Equivalent Examination.**

S.#	Certificate / Degree	Name of Board / University	Exam. With year of passing	Division / Distinction / GPA	Attempt (Regular/ Supply)	% Marks Obtained
1.						/
2.						/
3.						/
4.						/
5.						/



**HUMAN RESOURCES DEPARTMENT**  
**Medical Teaching Institution (MTI)**  
**Khyber Teaching Hospital, Peshawar**  
**Ph #: 091-9224400-07 (Ext: 2015) Ph #: 091-9224306**

WEBSITE: [www.kth.gov.pk](http://www.kth.gov.pk)



E-MAIL: [establishmentkth@gmail.com](mailto:establishmentkth@gmail.com)

**4. Formal Training or Diploma :**

S. #	Name of Institution	Type of Training	Period	Certificate or Diploma obtained
			From --- To	

**5. Employment Record / Experience after Graduation/Diploma (in chronological order, starting with latest employment)**

Employer's (Institution / Organization) Name	Designation	Reason For Leaving	From	To	Total Length of Service

- Were you ever dismissed or asked to leave your job?    Yes     No
- Can we approach your present employer? (If any)    Yes     No
- Have any criminal charges being brought against you?    Yes     No

If yes, please give the details:

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**6. Membership of Learned Societies and other Achievements in the University, Public or International Affairs, if any.....**

**7. Countries Visited:**

Sr. No	Name of Country	Duration	Year	Purpose of Visit

**8. Please give at least two references in the space provided below:**

Name	Designation	Present Address	Contact #



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**9. Name and position of any relative working with this institution:**

\_\_\_\_\_  
\_\_\_\_\_

**Check list for applicant:**

Please attach copies of the following documents:

- 1. One copy of Computerized National Identity Card.
- 2. One color photograph.
- 3. Copies of educational documents.
- 4. Copies of experience Certificates.
- 5. Copies of DMCs
- 6. Copy of CV/Bio-Data.
- 7. Passport Photocopy if CNIC is not available
- 8. Domicile Certificate
- 9. Other (Please specify)


**Please Read This Statement Carefully**

*I hereby declare that all the entries in this application form (documents), all the additional particulars (if any) furnished along with it, are true to the best of my knowledge and belief. I understand that incomplete form will be sufficient ground to reject my job application form.*

\_\_\_\_\_  
Name & Signature of the Candidate

Dated: \_\_\_/\_\_\_/2021

**FOR OFFICE USE ONLY (To be filled by HR Department, MTI, KTH)**

**Application Form (documents) Acknowledgement / Receipt**

<b>MTI / Khyber Teaching Hospital, Peshawar</b>
<b>Human Resources Department</b>
<b>Ph #: 091-9224400-07 (Ext: 2015) Ph #: 091-9224306</b>
<b><u>Acknowledgement / Receipt (OFFICE COPY)</u></b>
Name of Applicant _____ Diary No. _____ Post S.# _____ Dated ___/___/2021
Applied For _____ Signature (Receiver) _____

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<b>MTI / Khyber Teaching Hospital, Peshawar</b>
<b>Human Resources Department</b>
<b>Ph #: 091-9224400-07 (Ext: 2015) Ph #: 091-9224306</b>
<b><u>Acknowledgement / Receipt (APPLICANT COPY)</u></b>
Name of Applicant _____ Diary No. _____ Post S.# _____ Dated ___/___/2021
Applied For _____ Signature (Receiver) _____