

SHAHEED ZULFIQAR ALI BHUTTO MEDICAL UNIVERSITY

APPLICATION FORM

1.	Name of Post & BPS														
2.	Name of Candidate														
3.	Father's Name													graph rt Size)	
4.	Date of Birth												-		
5.	Nationality														
		Punjal	b	Sindh	-Rural		Si	indh-Url	oan 🗆	Kł	yber]	Pakhtu	nkhv	va]
6.	Domicile (Please $\sqrt{\text{any one}}$)	Baluch	histan	Gilgit	Baltista	in 🗌	F.	ATA 🗌	AJK		Fede	ral	1	Merit	
7.	Email Address														
8.	Postal Address														
9.	Permanent Address														
10.	Telephone Number														
11.	PM&DC No.														
12.	CNIC No.					-								-	

ACADEMIC RECORD / QUALIFICATION

(Start with the highest degree)

Degree/ Certificate	Passing Year	Div./ Class	Name of Board / University

Academic distinction (Attached distinction letter)

EXPERIENCE IN DETAIL IN RELEVANT FIELD

Name of Institute/ Organization/	Position	From	То	Total Experience		
Hospital		Tiom	10	Years	Months	Days

(Please attach separate list on the same format, if required)

LIST OF PUBLICATIONS IN JOURNALS HAVING IF (IMPACT FACTOR)

Sr #	Name of Author	Complete Name of Journal and address with ISSN (Print) No.	Title of the Publication	Vol. No. & Page No	Year Published	Impact Factor

(Please attach separate list on the same format, if required)

I Dr/ Mr. /Ms. _______ hereby solemnly declare that the information provided by me for the appointment under BPS is correct and true in all respects. If it is found fake or having incorrect information, at any point of time, the undersigned is liable for the penalty to be decided by the competent authority and my appointment may be cancelled.

/ / Date

Signature of the Candidate

Note:- Incomplete application or any application submitted after due date. Any sort of influence will also be accountable to nonconsideration for further processing.

PIMS, G-8/3, Islamabad, (44000) Pakistan

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