

JINNAH POSTGRADAUTE MEDICAL CENTRE KARAHCI-75510

PHOTOGRAPH The Executive Director, Jinnah Postgraduate Medical Centre, Karachi. APPLICATION FOR THE POST OF _____ Refer your advertisement published in _____ dated _____ NAME OF APPLICANT (in block letter) FATHER'S NAME OF APPLICANT (in block letter) DATE OF BIRTH (according to CNIC or educational certificate) ______ **ACADEMIC QUALIFICATION** Year Class Name of School **EXPERIENCE** Name of Post Name of Organization Period of Service. **DOMICILE** CNIC NO. CONTACT NO. **MAILING ADDRESS Documents attached** (Duly attested) *CNIC *Photographs. *Academic Certificate *Domicile / PRC *Experience Certificate. **SIGNATURE OF APPLICANT**