

Application Form

(BPS 1 to 10)

Armed Forces Institute of Cardiology & National Institute of Heart Diseases

Photograph

	Name o	of Post Applied for:BPS						-																	
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Are you Govt Ser Yes No																									
Are you retired from Pakistan Armed Force? Yes No																									
Postal Address:																									
Permanent Address:																									

2. Educational Details

Subjects Divisio	Marks Total Board/Univ	ersity
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3. Pervious Employment Records

Ser	Organization/Department Name	Job Title	Duration			
			From	То		
1.						
2.						
3.						

4.	Declaration								
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<u> </u>	nereby declare that the information given in this
application is true and correct to the be	est of my knowledge and belief. In case any information given
in this application proves to be false or	incorrect I shall be responsible for the consequences.
Date	Signature

5. Instructions:

- Fill the application form properly with complete and correct information.
- Do not leave any field blank, otherwise your application shall be rejected.
- Verification of application, only eligible candidates for written Test/Interview will be uploaded on website within 15 days after applications closing date. Please ensure checking website daily.
- Incorrect, false or forged information may result in cancellation of your candidature at any stage.
- By hand submission of application form is not allowed.
- Application should reach AFIC/NIHD last date of submission of Application form.
- AFIC/NIHD will not be responsible for late receiving of application.

6. Please Send Application Forms to:

HR Office AFIC/NIHD The Mall Sadar Rawalpindi Pho.051-9271002 Extension (3189)