



**PAKISTAN INSTITUTE OF MEDICAL SCIENCES  
ISLAMABAD**

Post Applied: - \_\_\_\_\_ Speciality:- \_\_\_\_\_

Name: \_\_\_\_\_ Age:- Years(\_\_\_\_)Months(\_\_\_\_)Day(\_\_\_\_)Domicile\_\_\_\_\_

Father's Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ CNIC: \_\_\_\_\_

PMCGistration No: \_\_\_\_\_ Valid up to: \_\_\_\_\_

**Academic / Professional Record:**

**MBBS Passing Sector: -**  **Public**  **Private**  **Foreign**

**House Job: -**  **PIMS**  **Other Institute**

Examination Passed	Year of Passing	Marks Obtained	Total Marks	Name of College	MBBS Attempts	Name of the Board / University
Matric						
FSC						
MBBS (combine 4 years)						

Distinction(s), if any \_\_\_\_\_

Experience, if any (please enclosed the relevant certificate \_\_\_\_\_

Note: Provide one sets of all above documents.

**Undertaking by the Applicant**

- I hereby undertake that the information given above by me is correct and I have not concealed.

**Name & Signature of the Candidate**