

KHYBER MEDICAL COLLEGE, PESHAWAR



Application Form for Employment

Post Applied For _____

Affix your recent passport size photograph here

Read the following instructions carefully before filling the form.

- This application form, duly completed should be submitted to the office of the Dean, Khyber Medical College on or before the due date along-with the following documents:-**
 - Attested photocopies of certificates (SSC/HSSC/MBBS/Academic certificates/Gold Medals/additional qualification in relevant field/ACLS/ATLS/original research publications, degrees, detailed marks certificates/transcripts, domicile etc.
- Incomplete application forms and those received after the due date will not be entertained.**
- Use additional sheets, if required.**
- Fill all the columns. Write N/A if not applicable**

1. **Name:** (in capital letters) _____

2. **Father's Name:** (in capital letters) _____

3. **Gender:** (Please Tick) Male Female 4. **CNIC No.** _____

5. **Mailing Address:** (for correspondence) _____

6. **Permanent Address:** _____

7. **Mobile/Cell No 1.** _____ 8. **Mobile/Cell No. 2** _____

9. **Date of Birth** _____ 10. **E-Mail** _____

11. **Nationality:** _____ 12. **Domicile** _____

13. **Marital Status** _____ 14. **Religion** _____

15. **ACADEMIC QUALIFICATION: Commencing from the Matriculation or Equivalent Examination**

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks/ CGPA
1.	Matric				
2.	Intermediate				
3.					
4.					
5.					
6.					
7.					

16. **ADDITIONAL RELEVANT QUALIFICATION/ Professional Qualification/Training/Certification/Others, if any;**

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
1.					
2.					

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
3.					
4.					
5.					
6.					

17. EMPLOYMENT RECORD:

S#	Name of Institute / Organization	Period		Designation	BPS	Job Description (Teaching / Research / Admin)	Nature of Job (Permanent/ Temporary)	Status of Organization (Govt./Semi Govt./ Autonomous)
		From	To					

Checklist of required documents attached. (Please mention the attached documents, other than enlisted below, at serial No. 16 & onwards)

S.No.	Name of Document	Attached <input type="checkbox"/> Please Tick (if attached)	Not Applicable <input type="checkbox"/> Please Tick (if not applicable)	Page No. <small>(Write page number on the top right corner of the attached documents)</small>
1.	CNIC	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Matric Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Matric DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Intermediate DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Bachelors/Graduation Degree	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Bachelors/Graduation DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Masters Degree	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Masters DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
11.	M.Phil/MS Degree	<input type="checkbox"/>	<input type="checkbox"/>	
12.	M.Phil/MS DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Ph.D degree	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Post Doctorate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Relevant experience Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
16.		<input type="checkbox"/>	<input type="checkbox"/>	
17.		<input type="checkbox"/>	<input type="checkbox"/>	
18.		<input type="checkbox"/>	<input type="checkbox"/>	
19.		<input type="checkbox"/>	<input type="checkbox"/>	
20.		<input type="checkbox"/>	<input type="checkbox"/>	

* Attach additional sheet (if required).

I hereby declare that all the entries made in this application form and the additional particulars/documents furnished therein are true and to the best of my knowledge and belief.

Date: ____ / ____ / ____

Signature of Applicant