



**FEDERAL MEDICAL TEACHING INSTITUTE
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: _____

PMC registration No: _____ Valid up _____

Academic / Professional Record:

Examination Passed	Year of Passing	Marks Obtained	Total Marks	Name of College	Name of the Board / University

Experience	Year	Months	Days	Institute/organization Name

Number of Research publication	Name of journal

Extra responsibilities

Distinction(s), if any _____

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