TRYTEER PAKHTUHKHUM ISSUE #: 01

QAZI HUSSAIN AHMAD MEDICAL COMPLEX

(Medical Teaching Institution)

HUMAN RESOURCE



Employment Form (Non-Doctors)

Post A	Applie	dFor:	РНОТО
		it Slip No: Date:	
Instru	ctions:	This application form, duly completed should be submitted to the HR Depa Hussain Ahmed Medical Complex Nowshera before the due date along-with:	
	i.	Attested photocopies of all requisite documents along with CNIC and Passport size P	icture.
	ii.	Persons already in employment should submit their application forms through pr	oper channel
		along-with NOC issued by the competent authority.	
	iii. iv.	Incomplete application forms and those received after the due date will not be enter Use additional sheets, if required.	<u>tainea.</u>
1.	Name	e (in block letters)	
2.	Fathe	er's Name	
3.	Addr	ress and other particulars:	
i.	For co	orrespondence (interview call)	
	Conta	act No (Primary)Contact No (Secondary)	
ii.	Perm	anent Home Address:	
iii.	Е-Ма	il Address iv. Gender	
v.	Distri	ict of Domicilevi. Nationality	
vii.	Marit	tal Statusviii. Date of Birth	
iv	CNIC		

ISSUE #: 01

QAZI HUSSAIN AHMAD MEDICAL COMPLEX

(Medical Teaching Institution)

HUMAN RESOURCE

Employment Form (Non-Doctors)		Tober Pakthunkhun
DOCUMENT #: HR-F-01	ISSU	JF DATF: 01-01-2022

5. Educational Qualification (Starting from Recent One)

Sr. No	Degree/ Certificate	Name of Board/ University	Passing Year	Marks (Obtained/ Total)	Grade/ Division
1.					
2.					
3.					
4.					
5.					
6.					
7.					

6. Employment Record (Starting from the present position):

Sr.	Designation	Name of	Period	Total			Reason of Leaving
No	_ 00.g	Institute Organization	From-To	YY	MM	DD	Leaving
				Grand Total Exp:			

THY BER PAKHTUNKHN

QAZI HUSSAIN AHMAD MEDICAL COMPLEX

(Medical Teaching Institution)

HUMAN RESOURCE

Employment Form (Non-Doctors)



ISSUE #: 01 DOCUMENT #: HR-F-01 ISSUE DATE: 01-01-2022

7.	Formal	Training or	r Education
/.	ruimai	II allillig U	Luutaut

Sr. No	Type of Training	Name of Institution	From	Period To	Certificate or Diploma obtained	
					•	
		<u> </u>				
08.Co	omputer Literacy/Cours	es: ii	i	i	ii	
00 La	anguagag(-i/l 10 - i -	- 14 a 1 a 1 t N				
	inguages(withgoodfluencyinw					
i	ii	iii		iv.		
10.	Details of any relatives	working with this	institut	ion:		
S#	Name	Relation		Designation	CNIC No	
	eferences:(Only professional		esare requ	uired)		
Name: Name:						
Designation: Designation:						
	tionship:					
	Year of Acquaintance:		•			
			Contact No:			
Emai	ıı Adaress:	Email	Email Address:			

POST MEDICAL CORPUTATION OF THE PROPERTY OF TH

QAZI HUSSAIN AHMAD MEDICAL COMPLEX

(Medical Teaching Institution)

HUMAN RESOURCE

Employment Form (Non-Doctors)



ISSUE #: 01 DOCUMENT #: HR-F-01 ISSUE DATE: 01-01-2022

12.List of att	Page No.	
1.	CNIC	
2.	Curriculum Vitae	
3.	S.S.C DMC & Certificate	
4.	HSSC DMC & Certificate	
5.	Graduation DMC & Certificate	
6.	Master/ Equivalent DMC & Certificate	
7.	M.S/ M. Phil/ Ph.D Certificate	
8.	Registration Certificate (e.g PNC, PEC etc)	
9.	Experience Certificates	
10.	Domicile Certificate	
11.	Research Papers/ Publications	
12.	Original Deposit Slip	
13.		
14.		
15.		
16.		
any) furnished fraud/fake/bog	declare that all the entries in this application form, all the addition declare that all the entries in this application form, all the addition declared it, are true to the best of my knowledge and gus at any stage then the department has the right to disqualify me initiate my selection/employment/services at any stage.	belief, if found
Name &Signatu	ure of the Candidate Dated:	/ /2022