TEACHING HOSE TALL

ISSUE #: 01

MTI-KHYBER TEACHING HOSPITAL

(Medical Teaching Institution)

HUMAN RESOURCE

Job Application Form





ISSUE DATE: 01-09-2021

Affix your recent passport size photograph here

Application form for Employment

Post A	ppli	edFor
nstruct		nis application form, duly completed should be submitted to the Human Resources Department, MTI, Peshawar on or before the due date along with:- Attested photocopies of certificates, degrees, detail marks certificates, domicile and other relevant documents. Persons already in employment should submit their application forms through proper channel along with NOC issued by the competent authority. Incomplete application forms (without Bank Drafts) and those received after the due date will not be entertained. Use additional sheets, if required.
1.		ne (in block letters)
2. 3.		ner's Name ress and other particulars:
	i.	For correspondence (interview call)
		Mobile Ph. No
	ii.	Permanent Address:
	iii.	
	v. N	ationalityvi. Religion vii. Domicile
	v i i. ix.	Marital Status CNIC #
	x.	Next of kin (Name & Address):
		Relationship:Contact #:
	xi.	Education: Commencing from the Matriculation or Equivalent Examination.

S No.	Certificate / Degree	Name of Board / University	Exam. With year of passing	Division / Distinction / GPA	Attempt (Regular/ Supply)	% Marks Obtained
1.						1
2.						1
3.						1
4.						1

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4	. !	For	mal	Tra	ining	g or	Dip	lor	na:	
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Name of Institution	Type of Training	Period	Certificate or Diploma obtained
		From To	certificate of Diploma obtained
	Name of Institution	Name of Institution Type of Training	Name of Institution Type of Training

Employer's (Institution / Organization) Name	Designation	Reason For Leaving	From	То	Total Length of Service
Were you ever di	ismissed or asked to le	eave your job? Yes		No	7
Can we approach	n your present employ	er? (If any) Yes		No]
Have any crimina	l charges being broug	ht against you? Yes		No	
If yes, please give	the details:				
					_
		er Achievements in the	Linivarcity Dul	dic or Internatio	nal

S No.	Name of Country	Duration	Year	Purpose of Visit

8. Please give at least two references in the space provided below:

Name	Designation	Present Address	Contact #



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9. Name and position of any relative working with this institution:



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<u>Check</u>	list for applicant:		
Please	attach copies of the following do	cuments:	
	2	s.	
Please	Read This Statement Careful	 V	
Thereb along w	y declare that all the entries in this o	- pplicationform (documents), al	ll the additional particulars (if any) furnished hatincomplete form willbesufficient ground to
 Name	& Signature of the Candidate		Dated: