



Serial No. \_\_\_\_\_

**OFFICE OF THE HOSPITAL DIRECTOR  
QAZI HUSSAIN AHMAD MEDICAL COMPLEX  
MTI, NOWSHERA**

**Post Applied For** \_\_\_\_\_

Instruction: This application form, duly completed should be submitted to the Hospital Director Office, Nowshera on or before the due date along with.

- i. *Attested photocopies of certificates, degrees, detail marks certificates, domicile and other relevant documents.*
- ii. *Persons already in employment should submit their application forms through proper channel along with NOC issued by the competent authority.*
- iii. *Incomplete application forms and those received after the due date will not be entertained.*
- iv. *Use additional sheets, if required.*

1. Name (in block letters) \_\_\_\_\_

2. Father's Name \_\_\_\_\_

3. Address and other particulars:

i. For correspondence (interview call) .....

.....

Mobile ..... Ph. No. ....

ii. E-Mail Address .....

iii. Domicile ..... v. Nationality .....

vi. Date of Birth .....

**4. Education: Commencing from the Matriculation or Equivalent Examination.**

Sr. No	Certificate/ Degree	Name of Board/ University	Exam. With year of passing	Division	% Marks Obtained
1.	SSC				
2.	FSc				
3.	B.SC				
4.	M.SC/M.A/ B.S(4year)/MBA				
5.					
6.					
7.					

**5. Employment Record (Starting from the present position):**

S. No	Name of Institute/ Organization	Designation/BPS	Period From - To		Total period of experienc e	Nature of Job (Permanent / Temporary)

**6. List of attested documents attached.**

Page No.

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|--|-------|
| i. C.V   | _____ |
| ii. Matric (S.S.C.)                                | _____ |
| iii. Intermediate (F. A/ F. Sc.)                   | _____ |
| iv. Bachelor                                       | _____ |
| v. Master  | _____ |
| vi. MBBS Degree                                    | _____ |
| vii. FCPS/MPhil/MPH/Phd Degree                     | _____ |
| viii. DMC/ Academics Certificates(MBBS)            | _____ |
| ix. PM&DC Registration of MBBS /FCPS/MPhil/MPH/Phd | _____ |
| x. PM&DC eligibility certificate                   | _____ |
| xi. PM&DC faculty registration                     | _____ |
| xii. NoC for faculty transfer                      | _____ |
| xiii. Experience Certificates                      | _____ |
| xiv. Domicile Certificate                          | _____ |
| xv. C.N.I.C  | _____ |
| xvi. _____   | _____ |
| xvii. _____  | _____ |
| xviii. _____                                       | _____ |
| xix. _____   | _____ |
| xx. _____  | _____ |
| xxi. _____   | _____ |

**I hereby solemnly declare and affirm on oath, that all the entries made in this application form and documents attached herewith are genuine, true and correct to the best of my knowledge and belief on that nothing has been concealed.**

\_\_\_\_\_  
Name & Signature of the Candidate

Dated: \_\_\_\_\_/ \_\_\_\_\_/ 2021