



# PESHAWAR INSTITUTE OF CARDIOLOGY

MEDICAL TEACHING INSTITUTION, PIC – MTI

## Job Application Form

R/DEP/HROD-001/v.1

### ATTACH

- Attested photocopy of CNIC.
- 2 attested (passport size) photographs.
- Attested Photocopies of all necessary documents like Degree, Certificates, Experience Certificate, Domicile, License
- Original Bank Deposit slip/Voucher

**Attach**  
2 x Passport Size  
Photographs

### Form to be filled in CAPITAL letters

#### Post Applied for \_\_\_\_\_

Deposit Slip No.: \_\_\_\_\_ Date: (dd/mm/yyyy) \_\_\_\_\_

Bank Name & Branch: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

Father/Husband Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Domicile: \_\_\_\_\_  
(dd/mm/yyyy) (District/Agency Name)

Nationality: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Religion: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Contact No (Primary): \_\_\_\_\_ Contact No. (Secondary): \_\_\_\_\_

Email address: \_\_\_\_\_ CNIC/Passport No: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Next of Kin (Name): \_\_\_\_\_

Relation: \_\_\_\_\_ Contact Details: \_\_\_\_\_

Address: \_\_\_\_\_

### EDUCATIONAL QUALIFICATION (Starting from the recent one):

S. No	Degree/Diploma/ Certificate	Name of Institution / University/ Board	Date of Issuance (dd/mm/yyyy)	Marks (Obtained/Total)	Grade/Div/ CGPA
1					
2					
3					

**Applicant's Signature:** \_\_\_\_\_

4					
5					

**PROFESSIONAL COURSES / TRAINING etc. (If any):**

S. No	Course/Training Title	Institute Name	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Duration
1					
2					
3					

**PROFESSIONAL REGISTRATION / LICENSES (PMC, PNC, CPSP, PEC, Driving License etc.)**

S. No	Professional Body	Number	Issue Date (dd/mm/yyyy)	Expiry Date (dd/mm/yyyy)
1				
2				

**EXPERIENCE (Starting from Recent/current job):**

S. No	Designation/Post	Name of Organization	From Date (dd/mm/yyyy)	To Date (dd/mm/yyyy)	Total Experience	Reason for Leaving
1						
2						
3						
4						

**LANGUAGES:**

S.No	Language	Read	Write	Speak
1				
2				
3				

**Applicant's Signature: \_\_\_\_\_**

**GIVE TWO REFEREE NAMES (Only Professional or Educational References are required):**

Name:	Name:
Designation:	Designation:
Organization Name:	Organization Name:
Relationship:	Relationship:
No. of Years of Acquaintance:	No. of Years of Acquaintance:
Contact No:	Contact No:
Email Address:	Email Address:

**Do you have any blood relative (Father, Mother, Brother, Sister, Son, Daughter, Spouse) that is working for Peshawar Institute of Cardiology- MTI?: [Please select the appropriate option]      Yes      No**

If Yes, please specify:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Relation: \_\_\_\_\_

**DISABILITY (IF ANY): [Please select the appropriate option]      Yes      No**

If Yes, please specify: \_\_\_\_\_

**DO YOU HAVE ANY CRIMINAL RECORD?: [Please select the appropriate option]      Yes      No**

If Yes, please specify: \_\_\_\_\_

**APPLICANT'S DECLARATION:**

I, Mr. /Ms. \_\_\_\_\_, hereby solemnly affirm that the information given above are true, correct and that nothing has been concealed.

**Applicant's Signature with Date:** \_\_\_\_\_

**NOTE:**

- I. Job Applications, duly filled, are only accepted against the advertised posts.
- II. Incomplete Applications are not acceptable.
- III. Job Application submitted after closing date will not be entertained
- IV. Candidates will be contacted through given contact numbers or email.
- V. Only Shortlisted Candidates will be contacted for Test/interview.
- VI. Kindly bring your original documents at the time of interview.
- VII. If any fields irrelevant, mark as N/A.

**FOR OFFICIAL USE ONLY**

**ELIGIBLE      NOT ELIGIBLE      Reason (If NOT ELIGIBLE):** \_\_\_\_\_

**SELECTION COMMITTEE**

<b>Interviewed</b>	<b>YES</b>	<b>SELECTED</b>	<b>Date:</b> _____
	<b>NO</b>	<b>REJECTED</b>	

**Focal Person Recruitment:** \_\_\_\_\_