# A TEACHING HOOF THE SHAWAR X

**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	Applied	dFor																						
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	ii.	with NOC issued by the competent authority.  iii. Incomplete application forms (without Bank Drafts) and those received after the due date will not be entertained.																						
	iii.																							
	iv.	Use add	itional s	heets	, if re	quire	ed.																	
1.	Name	e (in block l	etters)																					
2.	Fathe	r's Name																						
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	iii.	E-Mail Ad	dress					iv. Gender																
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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

xi. Education: Commencing from the Matriculation or Equivalent Examination.

# TEACHING HOSE TALL

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ISSUE #: 01	DOCUMENT #: HR-F-01	ISSUE DATE: 01-09-2021

4. Formal Training or Diploma:

S No.	Name of Institution	Type of Training	Period	Certificate or Diploma obtained	
	Name of motitation	Type of framing	From To	Certificate of Diploma obtained	

Employer's (Institution / Organization) Name	Designation	Reason For Leaving	From	То	Total Length of Service
Were you ever di	smissed or asked to le	eave your job? Yes		No	
Can we approach	your present employ	er? (If any) Yes		No	
<ul> <li>Have any criminal</li> </ul>	charges being brough	nt against you? Yes		No	
If yes, please give t	he details:				
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·			e Offiversity, Pub	iic or internatio	Jilai
·	rned Societies and othe		e University, Pub	lic or Internatio	onal

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:



ISSUE #: 01 DOCUMENT #: HR-F-01 ISSUE DATE: 01-09-2021

<u>Check</u>	list for applicant:		·
Please	attach copies of the following d	ocuments:	
4. 5. 6. 7. 8.	One copy of Computerized Nat One color photograph. Copies of educational documer Copies of experience Certificate Copies of DMCs Copy of CV/Bio-Data. Passport Photocopy if CNIC is no Domicile Certificate Other (Please specify)	nts.	
Please	Read This Statement Carefu	lly	
I hereby along w	v declare that all the entries in this	application form (documents), all the adoubledge and belief. I understand that income	
Name	& Signature of the Candidate	D	pated: