

GOVERNMENT OF KHYBER PAKHTUNKHWA HEALTH DEPARTMENT

APPLICATION FORM

 POST APPLIED FOR
 Date: /// / 2020

1. PESONAL INFORMATION

Name (In full):	FOR OFFICIAL USE ONLY
Father/ Husband Name:	Academic Marks
	Experience Marks
CNIC	Training Marks
Date of Birth: / / Age:	Total
Email Address:	Interview
	Grand Total
Phone No: Cell No:	
Postal Address:	

2. ACADEMIC INFORMATION

Certificate/Degree	Degree Title	Name of Institution	Year of Passing	Marks Obtained	Total Marks	Division/ CGPA
Bachelors/MBBS						
MPH/Master						
PhD/Equivalent						
Other						

Signature of the Applicant



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3. EXPERIENCE / EMPLOYMENT HISTORY

Job Title	Organization Name	From	То	Experience Year/Months/ Days

4. TRAININGS/SEMINARS/CONFERENCES

Course Title	Name of Institution	Starting Date	Ending Date	Duration

Note:

- \circ All the documents should be attached in the following sequence:
 - 1. Application Form
 - 2. CNIC
 - 3. Domicile Certificate



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- 4. Academic Certificates
- 5. Experience Certificates
- 6. Conferences/Seminars/Training Certificates
- NOC must be provided with application; in case the applicant is a Government Servant
- \circ In case of incomplete information, application will be declined