



Khyber Medical University

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Application Form for Employment in BPS-05 and Above

Post Applied For _____

Read the following instructions carefully before filling the form.

1. **This application form, duly completed should be submitted to the Registrar, Khyber Medical University on or before the due date along-with the following documents:**
 - i. Attested photocopies of certificates, degrees, detailed marks certificates/transcripts, domicile, CNIC, experience certificates and other relevant testimonials.
 - ii. Bank receipt of the required application processing fee (as per advertisement) drawn in favour of Treasurer, Khyber Medical University is to be attached in original with the application form.
 - iii. Research Papers evaluation fee as per advertisement in addition to the application processing fee for the post of Associate Professor and Professor should be deposited in the KMU Online Account No.0977029551007356, Muslim Commercial Bank (MCB) Limited.
2. **Persons already in employment should submit their application forms through proper channel along with NOC issued by the competent authority.**
3. **Incomplete application forms and those received after the due date will not be entertained.**
4. **Use additional sheets, if required.**
5. **Fill all the columns. Write N/A if not applicable.**

1. **NAME:** (in block letters) Mr. /Miss. /Mrs. _____

2. **FATHER'S NAME:** _____

3. **ADDRESS AND OTHER PARTICULARS:**

(i) For correspondence (interview Call) _____

Mobile..... Ph. No.

(ii) Permanent Home Address: _____

..... Ph. No.

(iii) E-Mail Address:

(iv) CNIC No:

(v) Gender:

(vi) Province of Domicile:

(vii) Nationality:

(viii) Marital Status:

(ix) Date of Birth: (Day)..... (Month) (Year)

(x) Age on closing date: (Days) (Months) (Years)

(xi) Amount deposited Rs:..... Bank..... Receipt/Draft No..... Dated

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

| S# | Certificate/ Degree | Name of Board/ University | Exam. with year of passing | Obtained / Total Marks | % Marks/ CGPA |
|----|------------------------|------------------------------|-------------------------------|---------------------------|------------------|
| 1. | Matric | | | | |
| 2. | Intermediate | | | | |
| 3. | | | | | |
| 4. | | | | | |

5. HIGHER QUALIFICATION:

| S# | Degree | Name of University | Subject with year of passing | Obtained / Total Marks | % Marks Obtained / CGPA |
|----|----------------|--------------------|------------------------------|------------------------|-------------------------|
| 1. | M.Phil/MS | | | | |
| 2. | PhD | | | | |
| 3. | Post Doctorate | | | | |

6. ADDITIONAL RELEVANT QUALIFICATION:

| S# | Certificate/ Degree | Name of Board/ University | Exam. with year of passing | Obtained / Total Marks | % Marks Obtained / CGPA |
|----|---------------------|---------------------------|----------------------------|------------------------|-------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

7. FORMAL TRAINING OR EDUCATION:

| S# | Name of Institution | Type of Training | Period | Certificate or Diploma obtained |
|----|---------------------|------------------|-----------|---------------------------------|
| | | | From - To | |
| | | | | |

8. **RESEARCH PROJECTS:** Give particulars of all post-graduate research work done. Mention name of Institution and Professor under whose guidance research completed.

| S.# | Nature of Research | Name of Institution | Name of Professor |
|-----|--------------------|---------------------|-------------------|
| | | | |

9. **RESEARCH PUBLICATIONS:** Attach attested photocopy of title of journal with each research paper mentioning Impact Factor.

| S# | Title of Research Paper | Name of Journal | Date of publication | Principal/ Co-author with S.No. of author | HEC/PM&DC recognized Yes/No | Impact Factor of the Journal |
|----|-------------------------|-----------------|---------------------|-------------------------------------------|-----------------------------|------------------------------|
| | | | | | | |

Attach additional sheet (if required).

10. **EMPLOYMENT RECORD:**

| S# | Name of Institute / Organization | Period | | Designation | BPS | Job Description (Teaching / Research / Admin) | Nature of Job (Permanent/ Temporary) | Status of Organization (Govt./Semi Govt./ Autonomous) |
|----|----------------------------------|--------|----|-------------|-----|-----------------------------------------------|--------------------------------------|-------------------------------------------------------|
| | | From | To | | | | | |
| | | | | | | | | |

11. Attach list of Miscellaneous Teaching or Administrative Experience, if any.

12. Membership of Professional Organizations / Societies and other achievements in the University, Public or International Affairs, if any.

13. **COUNTRIES VISITED:**

| S# | Name of Country | Duration | Purpose of Visit |
|----|-----------------|----------|------------------|
| | | | |

14. References:

- a. _____

- b. _____

15. State any other relevant facts. (Attach additional sheet, if required).

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16. Checklist of required documents attached.
(Please mention the attached documents, other than enlisted below, at serial No. 16 & onwards)

| S.No. | Name of Document | Attached <input type="checkbox"/> Please Tick (if attached) | Not Applicable <input type="checkbox"/> Please Tick (if not applicable) | Page No. (Write page number on the top right corner of the attached documents) |
|-------|-----------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1. | CNIC | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Domicile Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Matric Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Matric DMC/Transcript | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Intermediate Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Intermediate DMC/Transcript | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Bachelors/Graduation Degree | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Bachelors/Graduation DMC/Transcript (final year) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Masters Degree | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | Masters DMC/Transcript | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. | M.Phil/MS Degree | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | M.Phil/MS DMC/Transcript | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. | Ph.D degree | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Post Doctorate Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | Relevant experience Certificate | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. | | <input type="checkbox"/> | <input type="checkbox"/> | |

* Attach additional sheet (if required).


I hereby declare that all the entries made in this application form, all the above information and the additional particulars/documents furnished along-with it are true to the best of my knowledge and belief.

Signature of the Candidate


Dated: ____ / ____ / ____

Khyber Medical University

Affiliated Inst/Colleges Fee Slip



MCB Bank Limited



Account No

0977029551007356

(Bank Copy)

Date

INSTITUTIONAL DEPOSITS

Inst/ College Name

Purpose of Deposit

Semester/Year

No. of Students

Rate

Contact No.

Cheque/Draft#

STUDENT'S/INDIVIDUAL DEPOSITS

Name

Father's Name

Institute

Registration No.

Purpose of Deposit

Semester/ Year

Contact No.

Amount Payable Rs.

In Words Rupees

Due Date

Bank Authorized Signature with Stamp

Note:


1. Can be deposited free online in any branch of MCB.

2. All columns must be filled with legible handwriting.


3. All columns are mandatory.

Khyber Medical University

Affiliated Inst/Colleges Fee Slip



MCB Bank Limited



Account No

0977029551007356

(Treasury Copy)

Date

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MCB Bank Limited



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(Institute Copy)

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MCB Bank Limited



Account No

0977029551007356

(KMU Copy)

Date

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Inst/ College Name

Purpose of Deposit

Semester/Year

No. of Students

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