

(263)

Note: Send this Application Form on the Address Mentioned Below

Domicile District: -----

Note: ALL DATA FIELDS ARE REQUIRED. FILL YOUR APPLICATION FORM CAREFULLY.

Domicile Province: (Tick only one)	☐ Punjab	☐ Balochistan	☐ Sindh (U)	☐ Sindh (R)
	☐ KPK	☐ Islamabad Capital Territory	☐ FATA	
	☐ Azad Jammu and Kashmir	☐ Gilgit Baltistan	☐ Other	

 Passport size Recent
 Photograph Affix with
 Gum (Latest By 6
 months)

 آپ کی تصویر اس خانے
 میں ہونا ضروری ہے

1. Personal Information (In Block Letters)

Name (in Full): _____

Father's Name: _____

 CNIC/B-Form:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Age: _____ Date of Birth (D-M-Y) ____ - ____ - ____ Marital Status: _____

 Postal Address: _____

Phone #: _____ Cell #: _____

 (Do not give here Network
 converted mobile Numbers)

Note: Tick Only One Circle in each Row.

Religion:	☐ Muslim	☐ Non-Muslim
Are You Disable?	☐ Yes	☐ No
Gender:	☐ Male	☐ Female
Armed Forces:	☐ Yes	☐ No
Only for personnel of Armed Forces of Pakistan		
Deceased Servant:	☐ Yes	☐ No
Deceased Civil Servant wife, son or daughter		
Government Servant:	☐ Yes	☐ No
Scheduled Cast /Buddhist:	☐ Yes	☐ No

2. Academic Information (Note: In case of incomplete academic information, Your Application will be Declined.)

Certificate/Degree	Degree Title	Major Subjects	Year of Passing	Marks Obtained	Total Marks	Grade/Percentage	Institution Name
SSC (10 years)							
HSSC / DAE / A-Level (12 / 13 years)							
Bachelor (14 years)							
Bachelor(Hons)/Master (16 years)							
MS / M.Phil. (18 years)							
PhD							
Other (Diploma / Certificate)							

3. Employment Information (If Applicable) (Note: If you need more rows to write your information, you can add an additional page with Application Form.)

Organization Type	Organization Name	Designation	Job Description	Start Date	End Date
(Government / Semi Government / Private)	(Name of the Organization / Dept.)	(Your Designation / Position Title)		(Starting Date)	(End Date)

4. Undertaking by Applicant

I _____ d/s/w of _____ do hereby solemnly affirm that I have read and understood the conditions for applying in the above mentioned Post and that I have filled the form as per instructions given above and in the event any information contained herein is found to be untrue, I shall be liable to disciplinary action which may result in cancellation of my candidature at any stage.

Signature & Date:

Thumb Impression (Left Hand):

Document Check list:

Tick if Attached / selected:

- ☐ Photograph is Attached
- ☐ CNIC Copy is Attached on the back side of Application Form

Instructions:

- ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.
- In case of more than one apply use separate application.
- In case of more than one apply use separate envelope.
- Attach your recent photograph (Latest by 6 Months), CNIC copy with this application form.
- Without Signature & Thumb impression, your application form will not be entertained.
- Without photograph your application form will not be entertained.
- In-complete forms will not be entertained. (All the fields are mandatory / Required)
- In Person/By hand submission of Application form is not allowed.
- Mobile phones or other electronic gadgets are not allowed in test center premises.

Cut Address box given below and affix it with gum on the envelope.



Send Registration Form to:

District Health Office Block No 14-I 1st Floor, F-8 Markaz Islamabad