

APPLICATION FORM
Upgradation Of Non Radiation Diagnostic Services, Pakistan Institute Of Medical Sciences
Islamabad

TAG # (For Official use)

(267)

**Applying for: Security Guard (BPS-01)** 

Note: Send your application on below mentioned address    Domicile District:									Passport size Recent Photograph Affix with Gum (Latest By 6 months) آپ کی تصویر اس خانے میں ہونا ضروری ہے		
Province:		☐ Islamabad Capital Territory ☐ FATA							میں ہوت صم		
(Tick only one)   Aza	d Jammu a	mmu and Kashmir 🔲 Gilgit Baltistan 🔲 Other									
1. Personal Information (In Block Letters)											
Name (in Full):  Note: Tick Only One Circle in each Row.											
Father's Name:									) Muslim Non-Muslim		
		Are You Disable							e?		
CNIC/B-Form:		Gender:							Male Female		
Age: Date of Birth (D-M-Y) Marital Status: Armed Forces							d Forces:	0 0			
Postal Address:  Only for personness Deceased Service Dec								onnel of Armed Forces of Pakistan rant: Yes No			
Phone #: Cell #: (Do not give here Network converted mobile Numbers)									Yes \ \ \ \ No		
2. Academic Inform	ation /N	ato. In case of in	complete seed	amia informat	tion Vous Appl	lication	ا مط النيب	Doglinad \			
Certificate/Degree		ree Title	Major S		Year of	Ma	rks	Total	Grade/	Institution	
SSC (10 years)					Passing	Obta	ained	Marks	Percentage	Name	
HSSC / DAE / A-Level											
(12 / 13 years)											
Bachelor (14 years) Bachelor(Hons)/Maste	r										
(16 years)	•										
MS / M.Phil. (18 years)											
PhD											
Other (Diploma / Certificate)	1										
3. Employment Info	ormatio	1 (If Applicable )	(Note: If you ne	ed more row	s to write your	inform	nation, y	ou can ad	d an additional pag	e with Application	
Organization Type	C	Organization Name			Designation			iption	Start Date	End Date	
		(Name of the Organization / Dept.)		(Your Designation / Position Title)					(Starting Date)	(End Date)	
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4. Undertaking by Applicant
Id/s/w ofdo 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:
<ul><li>□ Photograph is Attached</li><li>□ CNIC Copy is Attached on the back side of Application Form</li></ul>
Instructions:
<ul> <li>ALL DATA FIELDS ARE REQUIRED TO BE FILLED. FILL YOUR APPLICATION FORM CAREFULLY.</li> <li>In case of more than one apply use separate application form.</li> </ul>
<ul> <li>In case of more than one apply use separate envelope.</li> </ul>
<ul> <li>Application must reach latest by last date of submission of application form.</li> </ul>
• Attach your recent photograph (Latest by 6 Months), CNIC copy with this application form.
<ul> <li>Without Signature &amp; Thumb impression, your application form will not be entertained.</li> <li>Without photograph your application form will not be entertained.</li> </ul>
<ul> <li>In-complete forms will not be entertained. (All the fields are mandatory / Required)</li> </ul>
<ul> <li>In Person/By hand submission of Application form is not allowed.</li> </ul>
Cut Address box given below and affix it with gum on the envelope.
×
Send Registration Form to:
R & I Section PIMS, Sector G-8/3, Islamabad
R & I Section I hvis, Sector & 6/3, Islamabaa