

# APPLICATION FORM

## PEOPLE'S UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN SHAHEED BENAZIRABAD, NAWAB SHAH, SIND. PAKISTAN



OFFICE OF THE REGISTRAR

**PEOPLE'S UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN**

**SHAHEED BENAZIRABAD.**



<b>APPLICATION FORM FOR THE POST OF</b>

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Newspaper \_\_\_\_\_ Advertisement No. & Dated \_\_\_\_\_

Fees Paid Rs. \_\_\_\_\_ Challan/Draft/Pay Order No. \_\_\_\_\_ Dated \_\_\_\_\_

NAME (IN BLOCK LETTERS) \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

POSTAL ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

CONTACT NO.(RES.) \_\_\_\_\_ (OFF.) \_\_\_\_\_ (MOB) \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY) \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

DOMICILE/PROVINCE \_\_\_\_\_ GENDER (TICK) MALE  FEMALE

MARITAL STATUS \_\_\_\_\_ RELIGION \_\_\_\_\_

NATIONALITY \_\_\_\_\_ COMPUTERIZED NIC NO. \_\_\_\_\_

PM&DC/ PCP REGISTRATION NO. \_\_\_\_\_

**ACADEMIC BACKGROUND**

QUALIFICATION / DEGREE	NAME OF BOARD UNIVERSITY	YEAR OF PASSING	GRADE / DIVISION

**EMPLOYMENT RECORD AND JOB EXPERIENCE (IN CHRONOLOGICAL ORDER)**

DEPARTMENT/ ORGANIZATION	DESIGNATION BPS	DURATION		TOTAL PERIOD	REASON OF LEAVING
		FROM	TO		

**REFERENCES:**

List of Two reputed and responsible persons. Particularly qualify to supply definite information regarding your character and ability. Please do not mention blood or close relation.

REFERENCE – 1	REFERENCE – 2
Name _____	Name _____
Position _____	Position _____
Address _____ _____	Address _____ _____
Contact# _____	Contact# _____

**ATTESTED COPIES OF THE FOLLOWING TESTIMONIALS / CERTIFICATES ARE SUBMITTED WITH THE APPLICATION FORM.**

- |           |           |
|-----------|-----------|
| 1. _____  | 11. _____ |
| 2. _____  | 12. _____ |
| 3. _____  | 13. _____ |
| 4. _____  | 14. _____ |
| 5. _____  | 15. _____ |
| 6. _____  | 16. _____ |
| 7. _____  | 17. _____ |
| 8. _____  | 18. _____ |
| 9. _____  | 19. _____ |
| 10. _____ | 20. _____ |

**DECLARATION**

I solemnly affirm that the information given by me in the form is true and correct to best of my knowledge. I undertake hereby that if any of information is found incorrect or false, I may not be offered for the post or may be dismissed from the job whenever proved incorrect or false and I may be liable for any penalty as decided by the competent authority.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

**PLEASE WRITE YOUR MAILING ADDRESS IN THE FOLLOWING EIGHT PLACES. ANY CHANGE OF ADDRESS SHOULD BE INTIMATED IMMEDIATELY.**

Name \_\_\_\_\_

F/ Name \_\_\_\_\_

Address \_\_\_\_\_

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Contact # \_\_\_\_\_

Name \_\_\_\_\_

F/ Name \_\_\_\_\_

Address \_\_\_\_\_

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Contact # \_\_\_\_\_