

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.



APPLICATION FORM FOR THE POST OF

--

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/PROVINC _____ GENDER (TICK) MALE FEMALE

MARITAL STATUS _____ RELIGION _____

NATIONALITY _____ COMPUTERIZED NIC NO. _____

PM&DC/PEC REGISTRATION NO. (Where required) _____

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 _____

Contact # _____

Name _____

F/ Name _____

Address _____

Contact # _____

Name _____

F/ Name _____

Address _____

Contact # _____

Name _____

F/ Name _____

Address _____

Contact # _____

Name _____

F/ Name _____

Address _____

Contact # _____

Name _____

F/ Name _____

Address _____

Contact # _____

Name _____

F/ Name _____

Address _____

Contact # _____

Name _____

F/ Name _____

Address _____

Contact # _____