



**KHAIRPUR MEDICAL COLLEGE
KHAIRPUR MIR'S**



APPLICATION PROFORMA

PM&DC No. _____
FRC No. _____
CNIC No. _____ <small>Please attach copy</small>

Post applied for:

Photo

NAME OF APPLICANT (BLOCK LETTERS)		
FATHERS NAME:	Surname	
Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
District of Domicile		
Address:		
E-mail Address:		
Name of Institution presently working (Department & Designation)		
Landline No.	Cell No. 1.	2.

ACADEMIC QUALIFICATION		
Degree	Passing Year	Board/ University/Other
MBBS		
Post Graduate Qualification(s)		

TEACHING EXPERIENCE	Years	Months	Days
Attached details on separate page			
RESEARCH PAPERS	Number	Please add extra sheet(s) for research papers (Journal, , Vol. , Title and Year)	
No Objection Certificate from Employer	Yes		No

Date

Signature