

## Medical Teaching Institution, Mardan Medical Complex

JOB APPLICATION FORM			Job Advertisement No				
·	be filled with Computer)					2x Photo	
1. A	applicant's Name:						
3. Date of Birth:				4. Domicile:(Distt./Agency name)			
5. CNIC No				(Distt./Agency name) 6. Gender (Male/Female):			
7. E	mail address:			8. Contact No			
8. Age :YearsMonths				10. Home Address:			
S#	Qualification	Year	No of Attem	Marks		Institution	
	MBBS Marks as per professional		pts	Obtained Marks	Total Marks	% age	
1	1 <sup>st</sup> Professional						
2	2 <sup>nd</sup> Professional						
3	3 <sup>rd</sup> Professional						
4	4 <sup>th</sup> Professional						
5	5 <sup>th</sup> professional						
2. P	MDC Registration No		<u> </u>	Validity _	<u>.</u>	•	
1 <b>3. E</b> )	<b>(PERIENCE</b> (Starting from Re	cent/Current job):					
S#	Designation/ Post	Name of Or	ganization	n	From	То	Total

S#	Designation/ Post	Name of Organization	From	То	Total
					Experience in years
1					
2					
3					
4					



## Medical Teaching Institution, Mardan Medical Complex

Name	e:	Name:			
Desig	nation:	Designation:  Relationship:  No. of Years of Acquaintance:  Contact No.  Email Address:			
Relat	ionship:				
No. o	f Years of Acquaintance:				
Conta	act No				
Emai	Address:				
_	ttach attested copies of the following Docume			l	
i.	CNIC ii. Domicile	iii.	Two Recent Photogra	•	
iv.	Educational Degrees and Transcripts	V.	Experience certificat		
vi. viii.	Original Bank Deposit Slip PMDC Reg. Card	vii.	Current CV/Bio data		
16 1:	st of attested documents attached.			Dago No	
10. LI	st of attested documents attached.			Page No.	
i.	CV/ Bio-data				
ii.	Matric (S.S.C.)				
iii.	Intermediate F. Sc.				
iv.	Medical Degree				
٧.	Higher Qualification				
vi.	Detail Marks Sheets (DMCs)				
/ii.	Experience Certificates  Domicile Certificate				
iii.	C.N.I.C				
ix. x.	NOC (Through Proper Channel Optional) (A	Advance co	nyl		
x. xi.	Original Bank Deposit Slip	avarice co	Py/		
xii.	Any other Document				
	·				
17. A	pplicant's Declaration: I, Mr./Ms			, hereby solemnly	
Α	ffirm that the information given above is true,	correct an	d that nothing have be	en concealed.	
	An	Applicant's Signature & Date:			