

Recent Photo

**JOB APPLICATION FORM**

1. **POST APPLIED FOR:**------------------------------------------------------------------**Dated:**------------/-------------/20
2. **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Name: | S,D,W/O: |
| Date of birth: | Religion: |
| CNIC No  |  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |
| Present address: |
| Permanent address: |
| Phone No**:** Landline: | Mobile: |
| Email:  | Marital Status: | Domicile: |
| 1. **PRESENT/LAST EMPLOYMENT (WHICHEVER IS APPLICABLE):**
 |
| Institution/Organization: | Designation: |
| BPS (if applicable): | Last drawn salary/month: Rs. |

1. **ACADEMIC QUALIFICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***S No.*** | ***QUALIFICATION*** | ***INSTITUTION*** | ***YEAR*** | ***MAJOR SUBJECTS*** |
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1. **EXPERIENCE** (Starting from the most recent)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S No.** | **From** | **To** | **Institution/Organization** | **Designation** | **Major Responsibilities** | **Reasons for leaving** |
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1. **CERTIFIED TRAININGS ATTENDED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***S No.*** | ***NAME OF TRAINING*** | ***INSTITUTION*** | ***From*** | ***To*** |
|  |  |  |  |  |
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1. **CERTIFIED TRAININGS IMPARTED**

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| --- | --- | --- | --- | --- |
| ***S No.*** | ***NAME OF TRAINING*** | ***INSTITUTION*** | ***From*** | ***To*** |
|  |  |  |  |  |
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1. **SKILLS**

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| --- | --- |
| ***S No.*** | ***DESCRIPTION*** |
|  |  |
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|  |  |

1. **RELEVANT TO THE JOB APPLIED FOR**

|  |  |  |
| --- | --- | --- |
| ***EXPERIENCE***  | ***TRAININGS*** | ***SKILLS*** |
|  |  |  |
|  |  |  |
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1. **MAJOR PUBLICATIONS/RESEARCH WORK**
2. **LANGUAGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***S No.*** | ***NAME*** | ***REDAING*** | ***WRITING*** | ***SPEAKING*** |
|  |  |  |  |  |
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1. **ADDITIONAL INFORMATION YOU WISH TO SHARE (NOT COVERED ABOVE)**
2. **PROFESSIONAL REFERENCES**

|  |  |  |
| --- | --- | --- |
| ***NAME*** | ***JOB TITLE*** | ***ADDRESS,CONTACT NO.& EMAIL*** |
|  |  |  |
|  |  |  |
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1. **WHEN CAN YOU JOIN IF SELECTED:** -------------------------------------------------------------------------------------
2. **VERIFICATION**

"I SOLEMNLY AFFIRM THAT:

1. ALL THE INFORMATION SUBMITTED BY ME THROUGH THIS APPLICATION IS CORRECT & TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF. I UNDERSTAND THAT IF ANY FALSE INFORMATION, CONCEALMENT OF ANY RELEVANT FACT OR MISREPRESENTATION IS DISCOVERED AT ANY STAGE, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED WITHOUT ANY PRIOR NOTICE”
2. I AM FREE FROM ANY CONFLICT OF INTEREST AS ENVISAGED IN SINDH HEALTHCARE COMMISSION ACT 2013

Date:------------/-------------/20 Signature of Applicant:

***FOR OFFICE USE ONLY***

|  |  |
| --- | --- |
| Eligible (Yes/No):  | Reasons if not eligible:  |
| Interview date: | Selected: (Yes/ No): |
| Joining date: | Gross monthly salary: Rs. |
| Competent Authority: (Designation)------------------------------------------------------------------------------Signature: Stamp: |