**APPLICATION FORM FOR APPOINTMENT OF PROJECT STAFF FOR PSDP PROJECTS OF**

**RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI**

Paste attested Fresh Passport size Photograph

(PLEASE MAKE ALL ENTRIES IN BLOCK LETTERS)

Name of Post/Specialty Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S/o, D/o, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (according to SSC) DD/MM/YYYY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Domicile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age on (30-09-2022) closing date of applications \_\_\_\_\_\_\_\_\_\_\_\_Years \_\_\_\_\_\_\_\_\_\_Months \_\_\_\_\_\_\_\_\_Days,

Valid Computerized National Identity Card No.

|  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

Marital Status: Married/Unmarried \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male/Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No. PTCL :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BASIC QUALIFICATIONS**

| Sr.No. | Qualification | Name of Institutions/ Board | Year of Passing | **Marks** | | Grade/ Division | Percentage |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Marks Obtained | Out of Total Marks |
|  | Matric or equivalent |  |  |  |  |  |  |
|  | F.Sc or equivalent |  |  |  |  |  |  |

**BASIC MEDICAL QUALIFICATION/GRADUATION ETC.**

| Sr.No. | Qualification | Name of Institution/ University | | Year of Passing | **Marks** | | Grade/ Division | Percentage |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Obtained | Out of |
|  | MBBS or Equivalent | | | | | | | |
| First Prof. P-1 |  | |  |  |  |  |  |
| First Prof. P-1I |  | |  |  |  |  |  |
| 2nd Prof. |  | |  |  |  |  |  |
| 3rd Prof. |  | |  |  |  |  |  |
| Final Prof. |  | |  |  |  |  |  |
| **Total MBBS Marks (First Prof. to Final Prof.)** | | | | |  |  |  |  |
| **Other than MBBS** | | | | | | | | |
|  | | |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |

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**POST-GRADUATE QUALIFICATION**

| Sr.No. | Particulars | Name of Institution/University | Duration of course | Year of Passing | **Marks** | | Grade/ Division | Percentage | Duration |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Obtained | Out of |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**POSITION/DISTINCTION IN MATRIC/F.SC/MBBS/BDS/FELLOWSHIP/EQUIVALENT OR OTHERS**

| S.No. | Examination | Name of Institution/Board/ University | Year of Passing | Marks Obtained | Grade/ Division | Position |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**CERTIFIED EXPERIENCE**

| S.No. | Post/Designation | Name of Institutions | From | To | Total Experience | Status Regular/Adhoc/CCB/Contract |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Current status of the candidate: (Unemployed / currently working as )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution/Department (if serving) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Government/Semi Government/Private \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Since when working \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nature of job: Regular/Contract/Adhoc/Current Charge basis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure that the following **attested documents** are attached with the application form in the following order: -

| **S.No.** | **Particulars** | **Yes** | **No.** |
| --- | --- | --- | --- |
|  | Application form |  |  |
|  | Fresh C.V with two passport size photographs |  |  |
|  | Valid CNIC |  |  |
|  | Domicile |  |  |
|  | Matric or Equivalent Marks Sheet |  |  |
|  | F.Sc or Equivalent Marks Sheet |  |  |
|  | Detailed Marks Sheets of Gradution |  |  |
|  | Graduation Degree |  |  |
|  | Post-graduation Degree |  |  |
|  | Valid PM&DC/PMC/PEC/HEC Registration |  |  |
|  | Experience Certificates |  |  |
|  | NOC (if already government servant) |  |  |
|  | **A-4 size envelope with applicant’s mailing address fixing of Rs.80/-postal stamps.** |  |  |

**Signature of Candidate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_