

1

2

3

5

3rd Professional

4th Professional

5th professional

Medical Teaching Institution Mardan Medical Complex Mardan

JOB APPLICATION FORM (To be filled with Computer) Post Applied for:					Job Advertisement No Advertisement Date 2x Bank Deposit Slip No					
					2. I					
3. Date of Birth:					4. Domicile:(Distt./Agency name)					
5. CNIC No										
7. Email address:					8. Contact No					
8. Age :YearsMonths				10. Home Address:						
11. EDUCATI	ONAL Q	UALIFICAT	ΓΙΟΝ (Start	ting from t	the recent one	·):				
Qualification	Star Month	't Date Year	End Month	Date Year	No of Attempts	Marks			Institution	
MBBS Marks as per professional						Obtained Marks	Total Marks	% age		
1 st Professional										
2 nd Professional										

12. PMDC Registration No._____ Validity _____



Medical Teaching Institution Mardan Medical Complex Mardan

13. EXPERIENCE (Starting from Recent/Current job):

S#	Designation/ Post	Name of Organization		From		То		Total
				Month	Year	Month	Year I	Experience in yea
1								
2								
3								
4								
	14. Give Two Referee Nam Name:	es (Only Professional or	Educati Nan		erences a	are requir	ed):	
	Designation:			ignation:				
				itionship:				
				•				
	No. of Years of Acquainta					intance:_		
	Contact No		Con	tact No. ₋				
	Email Address:		Ema	il Addres	s:			
	15. Attach attested copie ☐ National CNIC Ca ☐ Educational Deg ☐ Original Bank De ☐ PMDC Reg.Card	rees and Transcripts	nents to	Domicil Experie		ficates	:	
	17. Degree and Experience In case of Experience	ence Overlapping: nce overlapped with the whichever is best for the bloyee NOC may be attac	applic	ant.				
	Affirm that the info	tion: I, Mr./Msrmation given above is to nat incomplete form or ir	ue, cor	rect and	that not	hing has l	oeen cor	ncealed.

Applicant's Signature & Date: __