

Job Application Form for Employment in BPS-05 and Above

Post Applied For _____

Read the following instructions carefully before filling the form.

1. **This application form, duly completed should be submitted to the Registrar, Khyber Medical University on or before the due date along-with the following documents:**
 - i. Attested photocopies of certificates, degrees, detailed marks certificates/transcripts, domicile, CNIC, experience certificates and other relevant testimonials.
 - ii. Bank receipt deposited in (Online Account No .0977029551007356, Muslim Commercial Bank (MCB) Limited) is to be attached in original with the job application form.
2. **Persons already in employment should submit their application forms through proper channel along with NOC issued by the competent authority.**
3. **Incomplete application forms and those received after the due date will not be entertained.**
4. **Use additional sheets, if required.**
5. **Fill all the columns. Write N/A if not applicable.**

1. **NAME:** (in block letters) Mr. /Miss. /Mrs. _____

2. **FATHER'S NAME:** _____

3. **ADDRESS AND OTHER PARTICULARS:**

(i) Postal Address:

Mobile..... Ph. No.

(ii) Permanent Home Address:

..... Ph. No.

(iii) E-Mail Address:

(iv) CNIC No:

(v) Gender:

(vi) Province & District of Domicile:

(vii) Nationality:

(viii) Marital Status:

(ix) Date of Birth: (Day)..... (Month) (Year)

(x) Age on closing date: (Days) (Months) (Years)

(xi) Amount deposited Rs:..... Bank: **MCB** Receipt No..... Dated

4. **EDUCATION:** Commencing from the Matriculation or Equivalent Examination.

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks/ CGPA
1.	Matric				
2.	Intermediate				
3.					
4.					

5. HIGHER QUALIFICATION:

S#	Degree	Name of University	Subject with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
1.	M.Phil/MS				
2.	PhD				
3.	Post Doctorate				

6. ADDITIONAL RELEVANT QUALIFICATION:

S#	Certificate/ Degree	Name of Board/ University	Exam. with year of passing	Obtained / Total Marks	% Marks Obtained / CGPA
1.					
2.					
3.					

7. FORMAL TRAINING OR EDUCATION:

S#	Name of Institution	Type of Training	Period	Certificate or Diploma obtained
			From - To	

8. **RESEARCH PROJECTS:** Give particulars of all post-graduate research work done. Mention name of Institution and Professor under whose guidance research completed.

S.#	Nature of Research	Name of Institution	Name of Professor

9. **RESEARCH PUBLICATIONS:** Attach attested photocopy of title of journal with each research paper mentioning Impact Factor.

S#	Title of Research Paper	Name of Journal	Date of publication	Principal/ Co-author with S.No. of author	HEC/PM&DC recognized Yes/No	Impact Factor of the Journal

Attach additional sheet (if required).

10. **EMPLOYMENT RECORD:**

S#	Name of Institute / Organization	Period		Designation	BPS	Job Description (Teaching / Research / Admin)	Nature of Job (Permanent/ Temporary)	Status of Organization (Govt./Semi Govt./ Autonomous)
		From	To					

11. **Attach list of Miscellaneous Teaching or Administrative Experience, if any.**

12. **Membership of Professional Organizations / Societies and other achievements in the University, Public or International Affairs, if any.**

13. **COUNTRIES VISITED:**

S#	Name of Country	Duration	Purpose of Visit

14. **References:**

- a. _____
- _____
- b. _____
- _____

15. State any other relevant facts. (Attach additional sheet, if required).

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16. Checklist of required documents attached.
(Please mention the attached documents, other than enlisted below, at serial No. 16 & onwards)

S.No.	Name of Document	Attached <input type="checkbox"/> Please Tick (if attached)	Not Applicable <input type="checkbox"/> Please Tick (if not applicable)	Page No. <i>(Write page number on the top right corner of the attached documents)</i>
1.	CNIC	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Domicile Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Matric Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Matric DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Intermediate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Intermediate DMC/Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Bachelors/Graduation Degree	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Bachelors/Graduation DMC / Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Masters Degree	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Masters DMC / Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
11.	M.Phil / MS Degree	<input type="checkbox"/>	<input type="checkbox"/>	
12.	M.Phil / MS DMC/ Transcript	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Ph.D degree	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Post Doctorate Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
15.	FCPS	<input type="checkbox"/>	<input type="checkbox"/>	
16.	PM&DC Registration	<input type="checkbox"/>	<input type="checkbox"/>	
17.	PNC Registrarion	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Relevant experience Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
19.		<input type="checkbox"/>	<input type="checkbox"/>	
20.		<input type="checkbox"/>	<input type="checkbox"/>	

* Attach additional sheet (if required).

I hereby declare that all the entries made in this application form, all the above information and the additional particulars/documents furnished along-with it are true to the best of my knowledge and belief.

Signature of the Candidate

Dated: _____ / _____ / _____