



**OFFICE OF THE DEAN**  
**BACHA KHAN MEDICAL COLLEGE (MTI) MARDAN**

Photo

**Application for Employment**

**Post Applied for** \_\_\_\_\_

1. **Name (in block letter)** \_\_\_\_\_ 2. **Father/Husband Name:** \_\_\_\_\_  
3. **Date of Birth:** \_\_\_\_\_ 4. **Domicile:** \_\_\_\_\_  
(Distt. /Agency Name)  
5. **CNIC No.** \_\_\_\_\_ 6. **Gender (Male/Female):** \_\_\_\_\_  
7. **Age :** \_\_\_\_\_ Years \_\_\_\_\_ Months (On last date of application)

**8. Addresses:**

I. For Correspondence \_\_\_\_\_

Mobile No \_\_\_\_\_ Phone No \_\_\_\_\_

II. Permanent Home

Address \_\_\_\_\_

Email \_\_\_\_\_

**9. Education (Commencing from Matriculation or equivalent Examination)**

Sr. No	Certificate/ Degree	Exam with Year of Passing	Division/ Grade/%age	Attempt	Institution



### 12. Employment Record (Starting from the present position)

Sr. No	Name of the Institute/ Organization	Period From--- To	Designation	BPS	Total Duration

Attach List of Miscellaneous Teaching or Administrative Experience, if any

### 13. Countries Visited

Sr. No	Name of Country	Duration	Purpose of Visit

### 14. Membership of Learned Societies and Other Achievements in the University, Public or International Organizations, if any

**15. Give Three Referee Names (Only Professional or Educational References are Required):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Designation: \_\_\_\_\_ Designation: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
No. of Years of acquaintance: \_\_\_\_\_ No. of Years of acquaintance: \_\_\_\_\_  
Contact No: \_\_\_\_\_ Contact No: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Designation: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
No. of Years of acquaintance: \_\_\_\_\_  
Contact No: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**16. Checklist**

Page No

- |  |       |
|--|-------|
| i. Bio-data/ CV  | _____ |
| ii. Matric (S.S.C)   | _____ |
| iii. MBBS/ BDS or Equivalent                               | _____ |
| iv. FCPS/ FRCS/ M.D/ M.S/ M. Phil/ PhD or Equivalent       | _____ |
| v. Academic Certificate                                    | _____ |
| vi. PM&DC Registration Certificate                         | _____ |
| vii. PM&DC Experience Certificate                          | _____ |
| viii. Experience Certificates from Institutions            | _____ |
| ix. Appointment Orders                                     | _____ |
| x. Domicile Certificate                                    | _____ |
| xi. Copy of CNIC   | _____ |
| xii. Research Papers/ Publications                         | _____ |
| xiii. NOC (Through Proper Channel Optional) (Advance copy) | _____ |
| xiv. (Any Other Document) _____                            | _____ |
| xv. _____  | _____ |
| xvi. _____   | _____ |
| xvii. _____  | _____ |

**17. I hereby declare that all the entries in this application form, all the additional particulars (if any) furnished along with it, are true to the best of my knowledge and belief.**

\_\_\_\_\_  
**Name & Signature of the applicant**

**Dated** \_\_\_\_\_