

DATE: \_\_\_\_\_

# APPLICATION FORM

For the post of

**KHAIRPUR MEDICAL COLLEGE**  
KHAIRPUR MIR'S  
SINDH, PAKISTAN

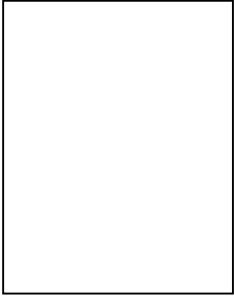


## **APPLICATION PROCEDURE**

- Prescribed application forms are available in the office of the Principal, Khairpur Medical College, Khairpur Mir's or can be downloaded from the website [www.khprkmc.edu.pk](http://www.khprkmc.edu.pk) duly supported with Pay Order / Bank Draft of Rs.2000/- in favour of Principal, Khairpur Medical College, Khairpur Mir's.
- Application form with full particulars must include three photographs, TWO SETS of attested photocopies of relevant Educational/Experience/Residential documents /Domicile, PRC and CNIC i-e Matriculation Pakka Certificate/ Mark sheet and onwards including Valid PMDC Registration Certificate, Revised PMDC Experience Certificate and copies of Research Publications should reach the Administration Department KMC Khairpur Mir's within due date.
- The required documents are to be submitted at the time of submission of application form and no further communication regarding short of documents will be made after due date. Application (s) on plain paper and/ or only CV will not be entertained.
- Applicants who are already serving in Government/Semi-Government/ Autonomous Bodies should apply through proper channel accompanied by N.O.C from the employer:
  - An advance copy of the application form (s) may be sent within due date
  - Age limit relaxable as per government policy.
  - Only short listed candidates will be called for written test/ interview
  - College reserves the right to reject any or all the applications. Incomplete application (s) in any manner shall not be entertained
  - Canvassing in any manner will disqualify a candidate
  - College reserves the right to reject any or all the applications
  - No T.A / D.A will be paid for appearing in written test / interview
  - College reserves the right of cancellation of advertised post (s) partly or as a whole.



**KHAIRPUR MEDICAL COLLEGE  
KHAIRPUR MIR'S.**



**APPLICATION FORM FOR THE POST OF:**

Newspaper. \_\_\_\_\_ Advertisement No. & Date. \_\_\_\_\_  
 Fee Paid Rs. \_\_\_\_\_ Challan/ Draft/Pay Order No. \_\_\_\_\_ Dated \_\_\_\_\_

1. **NAME IN FULL** (Block Letters): \_\_\_\_\_
2. **FATHER'S NAME:** \_\_\_\_\_
3. **MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_
4. **PERMANENT ADDRESS:** \_\_\_\_\_
5. **TELEPHONE NO. (Res.):** \_\_\_\_\_ (Off.) \_\_\_\_\_ (Mobile) \_\_\_\_\_
6. **DATE OF BIRTH** (dd/mm/Year): \_\_\_\_\_
7. **SEX** (Tick) Male  Female
8. **MARITAL STATUS:** \_\_\_\_\_
9. **PLACE OF BIRTH:** \_\_\_\_\_
10. **DOMICILE/ PROVINCE:** \_\_\_\_\_
11. **RELIGION:** \_\_\_\_\_
12. **NATIONALITY:** \_\_\_\_\_
13. **PMDC Reg: No:** \_\_\_\_\_ Valid upto \_\_\_\_\_
14. **TEACHING EXPERIENCE RECOGNIZED BY PMDC** \_\_\_\_\_ (years) \_\_\_\_\_ (months) \_\_\_\_\_ (days)
15. **COMPUTERIZED NATIONAL IDENTITY CARD #** \_\_\_\_\_

**16. ACADEMIC BACKGROUND:**

QUALIFICATION/ DEGREE	NAME OF COLLEGE/UNIVERSITY	YEAR OF PASSING	GRADE/ DIVISION	MAJOR SUBJECTS

**17. EMPLOYMENT RECORD AND JOB EXPERIENCE** (in Chronological order)

DEPARTMENT/ ORGANIZATION	DESIGNATION / BPS	DURATION		TOTAL PERIOD	REASON FOR LEAVING
		FROM	TO		

**18. RESEARCH PUBLICATIONS/ PUBLISHED PAPERS** (No case report/ review article)

S.NO	TITLE	JOURNAL	AUTHOR (1 <sup>ST</sup> / 2 <sup>ND</sup> / 3 <sup>RD</sup> )	DATE OF ISSUE OF JOURNAL

(Use Additional Sheets If Necessary)

**19. REFERENCES:**

List of Two reputed and responsible persons: Particularly qualify to supply definite information regarding your character and ability. Please do not mention blood relation or close relation.

REFERENCE-I	REFERENCE-II
Name:  Position:  Address:  Tel.	Name:  Position:  Address:  Tel.

**20. ATTESTED COPIES OF THE FOLLOWING TESTIMONIALS/ CERTIFICATES  
ARE SUBMITTED WITH THE APPLICATION FORM**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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18. \_\_\_\_\_
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21. \_\_\_\_\_
22. \_\_\_\_\_
23. \_\_\_\_\_

**21. DECLARATION.**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION FORM IS CORRECT. I UNDERTAKE THAT ANY FALSE STATEMENT OR ANY REQUIRED INFORMATION WITHHELD FROM THIS APPLICATION FORM ANY PROVIDE GROUNDS FOR THE WITHDRAWAL OF ANY OFFER OR DISMISSAL, IF APPOINTMENT HAS BEEN ACCEPTED.

**Signature:** \_\_\_\_\_

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

**Place:** \_\_\_\_\_

**PLEASE WRITE YOUR MAILING ADDRESS IN THE FOLLOWING EIGHT PLACES.**  
**ANY CHANGE OF ADDRESS SHOULD BE INTIMATED IMMEDIATELY.**

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

Name: \_\_\_\_\_

Father: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

\_\_\_\_\_

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Tel. \_\_\_\_\_

Name: \_\_\_\_\_

Father: \_\_\_\_\_

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

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Name: \_\_\_\_\_

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Name: \_\_\_\_\_

Father: \_\_\_\_\_

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

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\_\_\_\_\_

Tel. \_\_\_\_\_