



JOB APPLICATION FORM

**PROJECT MANAGEMENT UNIT
PRIMARY & SECONDARY HEALTH CARE
DEPARTMENT**

Two Photos

Post Applied			
Stations Applied			
Name			
Father's Name			
Date of Birth	____/____/____	Age in Years and Months: (On closing date of Ad i.e. 15 th January, 2022)	
CNIC			
Domicile (District)			
Contact No.		Other Contact #:	
Postal Address			
Permanent Address			
E-Mail Address			
Already in Govt. Service	Yes	No	If "Yes" then attach Departmental Permission Letter
Disability	Yes	No	If "Yes" then attach Certificate
Hafiz-e-Quran / Ex-Service Man	Yes	No	If "Yes" then attach Certificate
Religion			

Gender			
Marital Status	Single	Married	
Position in Board/ University "OVERALL only" (1st, 2nd or 3rd)	Yes	No	If "Yes" then attach Certificate and mention Degree here: _____ _____

ACADEMIC INFORMATION

Note: Only Complete degrees may be mentioned here:

Certificate / Degree Level	Name of the Degree	Month and Year of Passing	Obtained Marks / CGPA	Total Marks / CGPA	Division (1 st , 2 nd or 3 rd)	Percentage %	Grade	Board / University / Institute
Matric (10 Years)								
Intermediate (12 Years)								
Bachelor (14 Years)								
Bachelor (Hons.)/ Master (16 Years)								
MS/ M.Phil. (18 years)								

Diploma/ Certificate								
Any Other Academic or Professional Achievement								

EMPLOYMENT RECORD / EXPERIENCE:

(Mention Current / Latest Job on Sr. # 1)

Sr. #	Position Held	Employer/ Organization	Start Date	End Date	Total Months Worked
1					

Total Job Experience as on closing date of application:

Years

Months

Days

Sr. #	Position Held	Employer/ Organization	Start Date	End Date	Total Months Worked
2					

Job Description (In Detail):

Total Job Experience as on closing date of application:

Years Months Days

Sr. #	Position Held	Employer/ Organization	Start Date	End Date	Total Months Worked
3					

Job Description (In Detail):

Total Job Experience as on closing date of application:

Years Months Days

Note: In Case of more than two Employment Records, please add additional page.

Please ensure that as per check list following ATTESTED documents are attached		
Sr. No.	Documents	Check List
1.	Copy of CV	
2.	Copy of CNIC	
3.	Copy of Matriculation Certificate	
4.	Copy of Intermediate Certificate/Degree	
5.	Copy of Graduation Degree	
6.	Copy of Master's Degree	
7.	Copy of M.Phil. / M.S / Professional Degree / P.H.D	
8.	Valid registration / license with PMC / PNC / PMF / PCP	
9.	Copy of Domicile	
10.	Two Passport Size Pictures	
11.	NOC in case of Already in Govt. Service	
12.	Certificate in case of Hafiz-e-Quran	
13.	Certificate in case of Disability	
14.	Certificate in case of Position in Board or University	
15.	Verifiable Experience Letters with Dates, employer's contact no and address	
16.	Any other document (Higher Qualification / Diploma / Training and Certificate) etc.	
Declaration		
<p><i>I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment.</i></p>		
Date: _____		Signature: _____