



JOB APPLICATION FORM
PROJECT MANAGEMENT UNIT
PRIMARY & SECONDARY HEALTH CARE
DEPARTMENT

Photograph

Post Applied For														
Stations Shortlisted for <i>(Only mention where shortlisted / called for interview)</i>	1.						2.							
	3.						4.							
	5.						6.							
	7.						8.							
	9.						10.							
Name (in capital letters)														
Father's Name (in capital letters)														
Date of Birth	____/____/____						Age:	Years		Months		Days		
CNIC						-							-	
Domicile (District)														
Contact No.							Other Contact #:							
Father's Contact No.														
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	
Any Family Member already employed in Punjab Govt.	Yes	No	If "Yes" then mention details (Name, Designation and Contact No.)
Position in Board/ University "OVERALL only" (1st, 2nd or 3rd)	Yes	No	If "Yes" then attach Certificate and mention Degree here: _____
Any Litigation against Govt. of the Punjab	Yes	No	If "Yes" then mention and attach documentary evidences. _____
Any Criminal Record / Conviction	Yes	No	If "Yes" then mention and attach documentary evidences. _____
Professional Reference (Provide 02 References other than blood relations)	Name: _____ Designation: _____ Organization: _____ Relation: _____ Mobile No. _____ Email Address: _____		Name: _____ Designation: _____ Organization: _____ Relation: _____ Mobile No. _____ Email Address: _____

ACADEMIC INFORMATION

Note: Only Complete degrees may be mentioned here (Attach attested documents)

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	Position in Board / University	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					

Job Description (In Detail):

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

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.	Copy of Domicile	
9.	Two Passport Size Pictures	
10.	NOC in case of Already in Govt. Service	
11.	Certificate in case of Hafiz-e-Quran	
12.	Certificate in case of Disability	
13.	Certificate in case of Position in Board or University	
14.	Verifiable Experience Letters with Dates, employer's contact no and address	
15.	Any other document (Higher Qualification / Diploma / Training and Certificate) etc.	

Affidavit on Oath

I, the deponent, solemnly depose on oath, to the best of my knowledge that the information given above along-with all documents relied upon by the deponent / undersigned 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, the deponent solemnly depose (affirm) on oath that Hazrat Muhammad (PBUH) خاتم النبيين is the last Prophet of Allah Almighty.

(Duly Certified by the Notary Public / Oath Commissioner)

Date: _____

Signature & Thumb Impression (Deponent): _____

Stamp (Notary Public / Oath Commissioner) _____