

**PAC HOSPITAL KAMRA**  
**APPLICATION FORM FOR HOUSE JOB**

02 Photos

Speciality Applied For: 1. \_\_\_\_\_ 2. \_\_\_\_\_

CNIC No. \_\_\_\_\_ Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Nationality: \_\_\_\_\_

Postal Address with contact No: \_\_\_\_\_

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

**ACADEMIC/PROFESSIONAL RECORD:**

Examination Passed	Years of Passing	Marks in the Examination		Percentage	No. of attempts	Name of Board/ University/ Country
		Max. Marks	Marks Obtained	%		
MBBS/BDS						
1 <sup>st</sup> Professional						
2 <sup>nd</sup> Professional						
3 <sup>rd</sup> Professional						
4 <sup>th</sup> Professional						
Final Professional						

PMDC Registration No. \_\_\_\_\_ Valid up to: \_\_\_\_\_

**ACADEMIC DISTINCTIONS, IF ANY**

i) Position In Merit \_\_\_\_\_ ii) Scholarship \_\_\_\_\_

iii) Medals Awarded \_\_\_\_\_

Details of previous House job (if any) with name of Hospital, speciality & duration.

**House Job required for the period** \_\_\_\_\_

Have you ever been removed/ expelled/ punished from any institution, if yes name of Institution & reason:

**UNDERTAKING BY THE APPLICANT**

- ➔ I hereby undertake that the information given above by me is correct and I have not concealed.
- ➔ In case of any concealment, I will not object on disciplinary action against me.
- ➔ I also undertake that I will abide by the rules/regulations/policies of the Institute.

**Signature of the Candidate**

**DOCUMENTS TO BE ATTACHED WITH APPLICATION.**

- A COPY OF CNIC (B) COPY OF PROVISIONAL CERTIFICATE/DEGREE
- C COPY OF VALID PMDC REGISTRATION (D) COPY OF MARK SHEET (E) 02 PHOTOGRAPH
- F ALL RELEVANT DOCUMENTS MUST BE ATTACHED.

- ➔ Incomplete Applications will not be entertained. Decision of Selection Committee will be treated as final.
- ➔ Note: Complete application forms should reach to the undersigned within one month of publication of this advertisement.