

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 st Professional						
2 nd Professional						
3 rd Professional						
4 th Professional						
Final Professional						

PMC 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 concealedment, 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 PMC REGISTRATION (D) COPY OF MARK SHEET (E) 02 PHOTOGRAPH
F ALL RELEVANT DOCUMENTS MUST BE ATTESTED.

- ➔ 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.