



PESHAWAR INSTITUTE OF CARDIOLOGY

MEDICAL TEACHING INSTITUTION, PIC - MTI
5-A, Sector B-3, Phase-V, Hayatabad, Peshawar, KP, Pakistan

Job Application Form

ATTACH

- Attested photocopy of CNIC.
- 2 attested (passport size) photographs.
- Attested Photocopies of all necessary documents like Degree, Certificates, Experience Certificate, Domicile, License
- Original Bank Deposit slip/Voucher

Attach
2 x Passport Size
Photographs

(To be filled in CAPITAL letters)

Post Applied for _____

Deposit Slip No.: _____ Date: _____

Bank Name & Branch: _____

1. **Applicant's Name:** _____

2. Father/Husband Name: _____

3. Date of Birth: _____
(dd / mm / yyyy)

4. Domicile: _____
(Distt. /Agency name)

5. Nationality: _____

6. CNIC / Passport No.: _____

7. Religion: _____

8. Blood Group: _____

9. Contact No. (Primary): _____

10. Contact No.(Secondary): _____

11. Email address: _____

10. Permanent Home Address: _____

11. Mailing Address: _____

12. Next of Kin (Name): _____

Relation: _____ Contact Details: _____

Address: _____

12. EDUCATIONAL QUALIFICATION (Starting from the recent one):

S#	Degree /Diploma/ Certificate	Name of Institution / University / Board	Date of Issuance	Marks (Obtained/Total)	Grade/Div/CGPA
1					
2					
3					
4					
5					

Applicant's Signature: _____



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13. PROFESSIONAL COURSES / TRAINING etc. (If any):

S#	Course/Training Title	Institute Name	From Date	To Date	Duration
1					
2					
3					

14. Professional Registration / Licenses (PMC, PNC, CPSP, PEC, Driving License etc.)

S#	Professional Body	Number	Issue Date	Expiry Date
1				
2				

15. EXPERIENCE (Starting from Recent/current job):

S#	Designation/ Post	Name of Organization	From Date	To Date	Total Experience	Reason for Leaving
1						
2						
3						
4						

16. LANGUAGES:

S#	Language	Read	Write	Speak
1				
2				
3				
4				

Applicant's Signature: _____



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17. Give Two Referee Names (Only Professional or Educational References are required):

Name: _____
Designation: _____
Relationship: _____
No. of Years of Acquaintance: _____
Contact No. _____
Email Address: _____

Name: _____
Designation: _____
Relationship: _____
No. of Years of Acquaintance: _____
Contact No. _____
Email Address: _____

18. Disability (If any): [Please (v) the box] Yes No

If Yes, Please specify: _____

19. Do you have any criminal record? [Please (v) the box] Yes No

If Yes, Please specify: _____

20. Applicant's Declaration: I, Mr./Ms _____, hereby solemnly affirm that the information given above are true, correct and that nothing has been concealed.

Applicant's Signature & Date: _____

Note:

- I. Job Applications, duly filled, are only accepted against the advertised posts.
- II. Incomplete Applications are not acceptable.
- III. Job Application submitted after closing date will not be entertained
- IV. Candidates will be contacted through given contact numbers or email.
- V. Only Shortlisted Candidates will be contacted for Test/interview.
- VI. Kindly bring your original documents at the time of interview.
- VII. If any fields irrelevant, mark as N/A.

FOR OFFICIAL USE ONLY

Dealing Assistant _____

Eligible

Not Eligible

Date: _____

Reason: _____
If not eligible

Scrutiny Committee _____

Selection Committee

Interviewed

Yes

Selected

No

Rejected

Date: _____

HR Officer Sign: _____