PESHAWAR INSTITUTE OF CARDIOLOGY MEDICAL TEACHING INSTITUTION, PESHAWAR

	B APPLICATION FORM be filled in Capital words)				2x Photo's
Po	st Applied for:				
De	posit Slip No.:				
1. /	Applicant's Name:				
3. I	Date of Birth:		4. Domicile:	(Distt. /Agency name)	
5. (CNIC No			(Distt. /Agency name) Wale/Female):	
7. I	Email address:				
	Contact No. (Primary):			lo.(Secondary):	
10.	. Permanent Home Addres	ss:			
11.	. Mailing Address:				
	EDUCATIONAL QUALIFIC				
S#	Degree /Certificate	Name of Institution	Passing Year	Marks (obtained/Total)	Grade/Div/CGPA
					•

Applicant's Signature Date: _____

PESHAWAR INSTITUTE OF CARDIOLOGY MEDICAL TEACHING INSTITUTION, PESHAWAR

JOB APPLICATION FORM

JOB AFFLICATION FORM
(To be filled in Capital words)
13. EXPERIENCE (Starting from Recent/current job):

S#	Designation/ Post	Name of Organization	From	То	Total Experience	Reason for Leaving

14. Professional Courses / Training etc. (If any):

S#	Course/Training Title	Institute Name	From	То	Duration

 ii	iii	iv	

PESHAWAR INSTITUTE OF CARDIOLOGY MEDICAL TEACHING INSTITUTION, PESHAWAR

JOB APPLICATION FORM

(To be filled in Capital words)

Nam	ne:	Name:		
Desi	gnation:	Designation: Relationship: No. of Years of Acquaintance: Contact No. Email Address:		
Rela	tionship:			
No.	of Years of Acquaintance:			
Con	tact No			
Ema	il Address:			
		, hereby solemnly		
		are true, correct and that nothing has been concealed.		
		Applicant's Signature & Date:		
Note	ii. Incomplete Applications are no iii. Job Application submitted afte	er closing date will not be entertained. Igh Given Contact Numbers or email.		