



KHYBER MEDICAL COLLEGE PESHAWAR

APPLICATION FORM

APPLICATION FOR THE POST OF _____

1. Name (in capital words): _____
2. Father's Name: _____
3. Present/Postal Address (for correspondence) _____

4. Permanent Address _____

5. Date of Birth: _____
6. Domicile: _____
7. Cell No. _____
8. Religion _____
9. CNIC No. _____
10. Gender _____

11. Academic Qualification:

S.NO	Degree/Certificate	Board/ University	Year of passing	Obtained Marks	Total Marks	Division/ Grade

12. Professional Qualification/Training/Certification/Others, if any;

S. No	Name of Institution	Type of training / course	Duration		Diploma or Certificate obtained
			From	To	

13. Employment Record:

S.No	Name of institution/ Organization	Duration	Designation	BPS	Nature of job permanent/ temporary

It is hereby certified that information given in this application form is correct and nothing relevant has been concealed.

Date: ____/____/____

Signature of Applicant